


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000113146 1. Entity Name FURNITURE BY DEL VALLE, INC.	
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Principal Place of Business 3570 NW 52 STREET MIAMI, FL 33142	Mailing Address 3570 NW 52 STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0525712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLE, GLENDA 3570 NW 52 STREET MIAMI, FL 33142
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000347855 05/02/05-80003-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLE, GLENDA 3570 NW 52 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ, DANIEL 3570 NW 52 STREET MIAMI, FL 33142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Glenda Valle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4/28/05 (305) 637-5945</i> Date Daytime Phone #
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