

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121962

Entity Name: D'POT FURNITURE MFG. INC.

FILED
Feb 28, 2005
Secretary of State

Current Principal Place of Business:

5357 NW 35 CT.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVE.
#51-443
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0336995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, GISELLA
5357 NW 35 CT.
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESTRADA, IVONNE
Address: 5357 NW 35 CT.
City-St-Zip: MIAMI, FL 33142

Title: VD (X) Delete
Name: RODRIGUEZ-ESTRADA, DEIVY A
Address: 5357 NW 35 CT
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: VARGAS, CAONABO E
Address: 1145 WHITE PLAINS RD
City-St-Zip: BRONX, NY 10472

Title: SD (X) Delete
Name: SOTO, GISELLA
Address: 5357 NW 35 CT
City-St-Zip: MIAMI, FL 33142

Title: T (X) Delete
Name: CARDENAS, NORMA R
Address: 5357 NW 35 CT.
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: MATOS, RUTH A
Address: 5357 NW 35 CT.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: CARDENAS, NORMA R
Address: 5357 NW 35 CT.
City-St-Zip: MIAMI, FL 33142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA R CARDENAS

P/S

02/28/2005

Electronic Signature of Signing Officer or Director

Date