

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 017 ***150.00

DOCUMENT # P03000123080

1. Entity Name
AZ FURNITURE, INC.



Principal Place of Business
**18844 S DIXIE HWY
MIAMI, FL 33157**

Mailing Address
**2116 NW 107TH AVE
MIAMI, FL 33172**

40092860



2. Principal Place of Business - No P.O. Box #

7495 W. 20 AVE.

Suite, Apt. #, etc.

3. Mailing Address

7495 W. 20 AVE

Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State
HALEAH, FL.

Zip
33014

Country

City & State
HALEAH, FL.

Zip
33014

Country

4. FEI Number
52-2407625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOHAMMED, ARIF
2116 NW 107TH AVE
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MAHAMMED, ARIF
9310 FOUNTAINEBLEAU BLVD., APT A114
MIAMI, FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
SHAIKH, ZIAUDDIN
9310 FOUNTAINEBLEAU BLVD., APT A114
MIAMI, FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #