

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 024 ***150.00

DOCUMENT # P03000131893

1. Entity Name
HIDALGO FURNITURE INC.



Principal Place of Business

**10861 N.W. 7TH. STREET
23
MIAMI, FL 33172 37**

Mailing Address

**10861 N.W. 7TH. STREET
23
MIAMI, FL 33172 MD**

40080977



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0394037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAURICIO, HIDALGO
10861 N.W. 7TH. STREET
23
MIAMI, FL 33172**

**DO NOT WRITE
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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIDALGO, MAURICIO
STREET ADDRESS 10861 N.W. 7TH. STREET, APT # 23
CITY-ST-ZIP MIAMI, FL 33172

TITLE T
NAME MAURICIO, HIDALGO
STREET ADDRESS 10861 N.W. 7TH. STREET, APT # 23
CITY-ST-ZIP MIAMI, FL 33172

TITLE S
NAME HIDALGO, MAURICIO
STREET ADDRESS 10861 N.W. 7TH. STREET APT # 23
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 100 signatures, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #