2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 19, 2006 8:00 am Secretary of State **DOCUMENT # P04000006938** 04-24-2006 90465 033 \*\*\*150.00 HOSPITALITY FURNITURE MANUFACTURERS, INC. Principal Place of Business KENNEDY BLVD Mailing Address 2117 W KENNEDY BLVD TAMPA FL 33606 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/95) City & State City & State 4. FEI Number 9866 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 2522 W KENNEDY BLVD **TAMPA FL 33609** City Zip Code FL 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, typen or premon name of registered agent and talls 4 modecable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT ITTLE ☐ Delete DRE Change CELEIRO, IRAIDA V. NAME NAME STREET ADDRESS 2117 W. KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33606** CITY-ST-ZIP me Delete TITLE ☐ Change ☐ Addilion HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUGRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Detete DDE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.ST. JIP TITLE ☐ Delete FITLE ☐ Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS 12. I heraby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 attackylery's with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR OR CONTECTOR Daytimo Phone \*

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