


FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90060 037 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P04000013507			
1. Entity Name CAPRI FURNITURE MANUFACTURING INC.			
Principal Place of Business 4691 W 10 AVE HALEAH, FL 33012		Mailing Address 4691 W 10 AVE HALEAH, FL 33012	
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>3456 W. 84th</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Bay 111</i>	
City & State		City & State <i>Hialeah FL</i>	
Zip	Country	Zip	Country
		<i>33018</i>	<i>USA</i>
4. FEI Number <i>200630301</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, HIGINIO J 4691 W 10 AVE HALEAH, FL 33012		Name Street Address (P.O. Box Number is Not Acceptable) <i>3456 W. 84th Bay 111</i> <i>Hialeah</i> FL Zip Code <i>33018</i>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, HIGINIO J	NAME	
STREET ADDRESS	4691 W 10 AVE	STREET ADDRESS	<i>3456 W. 84th # 111</i>
CITY - ST - ZIP	HALEAH, FL 33012	CITY - ST - ZIP	<i>Hialeah FL 33018</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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>Higinio Torres</i>		Date <i>4/8/05</i> 305 8181887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	