

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90040 012 \*\*\*150.00

<b>DOCUMENT # P04000018351</b> 1. Entity Name <b>NATURAL FURNITURE &amp; DESIGN, INC.</b>					
Principal Place of Business <b>7226 BISCAYNE BLVD</b> <b>MIAMI, FL 33138</b>			Mailing Address <b>7226 BISCAYNE BLVD</b> <b>MIAMI, FL 33138</b>		
2. Principal Place of Business <b>10990 BISCAYNE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>10990 BISCAYNE BLVD</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>74-3113846</b>	
Zip <b>33161</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>YAMILA MANZUR, CARMEN</b> <b>7226 BISCAYNE BLVD</b> <b>MIAMI, FL 33138</b>				7. Name and Address of New Registered Agent Name <b>YAMILA MANZUR AVILA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10990 BISCAYNE BLVD</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33161</b>	
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 <b>President.</b> <span style="float: right;">2/07/06.</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMILA MANZUR, CARMEN 7226 BISCAYNE BLVD MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YAMILA MANZUR AVILA 10990 BISCAYNE BLVD MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIANO AVILA, FERFNANDO 7226 BISCAYNE BLVD MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO E. AVILA 10990 BISCAYNE BLVD MIAMI FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			YAMILA MANZUR, AVILA 02/07/06 3058992744		