## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 8:00 am Secretary of State

1. Entity Nam	MEN 1 # P04000028 FURNITURE, INC.	686		03-22-2006 90025 019 ***150.00	
Principal Plac 10342 NW 2 MIAMI, FL 3	7 AVE	Mailing Address 10342 NW 27 AVE MIAMI, FL 33147			
DO NOT WRITE IN THIS SPACE				02032006 No Chg-P CR2E034 (11/05)	
	5 m 1 m			20-0771009 Not Applicable	
				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PEREZ, ALEJANDRO 17461 SW 18 ST MIRAMAR, FL 33029  8. The above named entity submits this statement for the purpost of ghanging its registered.			tered office or register	DO NOT WRITE IN THIS SPACE  Bred agent, or both, in the State of Florida. I am families with, and accept	
the obligations of registered eigent					
SIGNATURE Storature, typed of prinade marrie or jegeted ad gent and size if applicable. (NOTE: Registered Agent algoristic legulated when remarkating)  OATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND	DIRECTORS			
NAME STREET ADDRESS	PEREZ, ALEJANDRO 17461 SW 18 ST				
CITY-ST-ZIP	MIRAMAR, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, JACKIE 17461 SW 16 ST MIRAMAR, FL 33029				
IITLE HAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, ROBERTO 19186 NW 78 CT MIAMI, FL 33015			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		$\sim$			
12. Thereby certify that the information supplied with this fling 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 light effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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 employered.					
SIGNATURE: SIGNATURE MANTED HAVE OF BICHING OFFICER OR DIRECTOR OF					