2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT #P04000031047 FURNITURE LAYAWAY, INC. Principal Place of Business **Mailing Address** 1299 NW 40TH AVE 1299 NW 40TH AVE LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 04222006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4285940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, AUDREY DO NOT WRITE 1299 NW 40TH AVE LAUDERHILL FL 33313 IN THIS SPACE 8. The above named entity sulfinitis 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 SIGNATURE Signature typed or pr (NOTE: Registered Agent signature required when reinstating) DATE U00000557495 9. Election Campaign Financing FILE NOWIL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 05/17/06-80053-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD. mir VENTURA SAMUEL NAME STREET ADCRESS 1299 NW 40TH AVE CITY-ST-ZW LANDERHILL FL 33313 IIILE HAME STREET ACCRESS CITY-ST-Z TILE NAME STREET ADORESS DO NOT WRITE CITY-ST-REP IN THIS SPACE THILE HUE STREET AUDITESS CITY-ST-78 TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information subplied 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 thister 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, writing other life empowered. SIGNATURE: IPED OR PRINTED NAME OF SIGNING OF SIGNATURE AN OR DIRECTOR Date Daytime Phone