

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000034161

**Entity Name:** 5BERS FURNITURE SHOP, INC

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3220 29TH AVENUE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

5857 SHIRLEY ST  
NAPLES, FL 34109

**Current Mailing Address:**

2085 ELSA ST #2  
NAPLES, FL 34109

**New Mailing Address:**

5857 SHIRLEY ST  
NAPLES, FL 34109

**FEI Number:** 20-0754847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINOSA, FAIBER  
3220 29TH AVENUE NE  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REINOSA, FAIBER  
Address: 3220 29TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

Title: VP  
Name: REINOSA, ANA  
Address: 3220 29TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FAIBER, REINOSA

P

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date