


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90306 024 ***158.75

DOCUMENT # P04000050527	
1. Entity Name TORINO WOODS FURNITURE, INC.	

Principal Place of Business C/ PLM, SHUTTS & BOWEN LLP 1500 MIAMI CTR 201 S BISCAYNE BLVD MIAMI, FL 33131	Mailing Address C/ PLM, SHUTTS & BOWEN LLP 1500 MIAMI CTR 201 S BISCAYNE BLVD MIAMI, FL 33131
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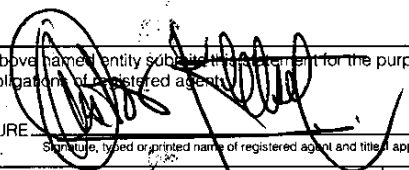
2. Principal Place of Business 8348 NW 66TH STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33166	Country USA

00011377



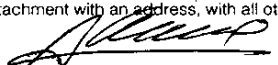
04072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131		7. Name and Address of New Registered Agent Name NESTOR KLETSEL Street Address (P.O. Box Number is Not Acceptable) 11808 NW 2ND STREET City CORAL SPRINGS FL Zip Code 33071	
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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 obligation of registered agent.		APRIL 12, 2006	
SIGNATURE 		DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENCIA, ALBERTO J REPUBLICA 2112 JOSE LEON SUAREZ PROVINCIA BUENOS AIRES ARGENTINA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENCIA, JONATAN A REPUBLICA 2112 JOSE LEON SUAREZ PROVINCIA BUENOS AIRES ARGENTINA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	4/7/06 3057184308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #