


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 MAR -4 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>PO40000 64767</b>			
1. Entity Name <b>Dali Furniture Inc.</b>			
Principal Place of Business <b>3719 NW 91st Ave Sunrise FL 33351</b>		Mailing Address <b>3719 NW 91 Ave Sunrise FL 33351</b>	
2. Principal Place of Business <b>3719 NW 91 Ave</b>		3. Mailing Address <b>3719 NW 91 Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunrise FL</b>		City & State <b>Sunrise FL</b>	
Zip <b>33351</b> Country <b>USA</b>		Zip <b>33351</b> Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Alicia Masud 3719 NW 91 Ave Sunrise FL 33351</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <u><i>Alicia Masud</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/3/05</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Alicia Masud</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBEN NICKIPORUK</b> <b>3675 NW STR. APT 202. Miami FL 33126</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Alicia Masud</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel Lopez</b> <b>3719 NW 91 Ave Sunrise FL 33351</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Alicia Masud</b> <b>3719 NW 91 Ave Sunrise FL 33351</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700048446387</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/15/05--01066--011 **150.00</b>
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
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Alicia Masud</i></u>		Date: <u>3/3/05</u> Daytime Phone #: <u>754-264-3637</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

TK