

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064767

Entity Name: DALI FURNITURE, INC.

FILED  
Mar 10, 2007  
Secretary of State

## Current Principal Place of Business:

3719 NW 91ST AVE  
SUNRISE, FL 33351 US

## New Principal Place of Business:

13186 SW 130 TERRACE  
MIAMI, FL 33186 US

## Current Mailing Address:

3719 NW 91ST AVE  
SUNRISE, FL 33351 US

## New Mailing Address:

17906 SW 13 CT  
PEMBROKE PINES, FL 33029 US

FEI Number: 42-1640726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASUD, ALICIA L  
3719 NW 91ST AVE  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

MASUD, ALICIA L  
17906 SW 13 CT  
PEMBROKE PINES, FL 33029 US

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: ALICIA MASUD

03/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASUD, ALICIA  
Address: 3719 NW 91ST AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP ( ) Delete  
Name: LOPEZ, DANIEL  
Address: 3719 NW 91ST AVE  
City-St-Zip: SUNRISE, FL 33351 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASUD, ALICIA  
Address: 17906 SW 13 CT  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change ( ) Addition  
Name: LOPEZ, DANIEL  
Address: 17906 SW 13 CT  
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICIA MASUD

P

03/10/2007

Electronic Signature of Signing Officer or Director

Date