

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000140089

1. Entity Name

V.C. FURNITURE STORE CORP.



FILED

05 OCT -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1055 N.E. 34 ST
MIAMI FL 33127

Mailing Address

1055 N.E. 34 ST
MIAMI FL 33127

2. Principal Place of Business

1055 NW 36 St

Suite, Apt. #, etc.

3. Mailing Address

1055 NW 36 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

68-0593678

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEAN, ST. LOUIS
11600 N.W. 114 ST
MIAMI FL 33168

*I never received a
previous letter regarding
the fee and also there
is plenty mistake that
need to be corrected.*

7. Name and Address of New Registered Agent

Name: *Pierre Guillet*
Street Address (P.O. Box Number is Not Acceptable)

1210 Kasim St

City: *Opalocka*

FL

Zip Code: *33054*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: JEAN, ST LOUIS
STREET ADDRESS: 1160 NW 114
CITY-ST-ZIP: MIAMI FL 33168

TITLE: D ☒ Delete
NAME: JEAN, ST. LOUIS
STREET ADDRESS: 1210 KASIM ST
CITY-ST-ZIP: OPALOCKA FL 33054

TITLE: D ☐ Delete
NAME: DANIEL, JOSEPH
STREET ADDRESS: 19441 N.E. 19 AVE
CITY-ST-ZIP: MIAMI FL 331

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME: *Pierre Enel Guillet*
STREET ADDRESS: *1210 Kasim St*
CITY-ST-ZIP: *Opalocka FL 33054*

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Pierre F. Guillet

9/6/5 305-502-1117