


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90127 017 \*\*\*150.00

<b>DOCUMENT # P04000147812</b>					
1. Entity Name <b>SCANDIA FURNITURE CORP.</b>					
Principal Place of Business <b>14335 S.W. 112TH TERRACE MIAMI, FL 33186</b>			Mailing Address <b>14335 S.W. 112TH TERRACE MIAMI, FL 33186</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1136232</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CRUZ, GALO HERNAN 14335 S.W. 112TH TERRACE MIAMI, FL 33186</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when rechartering)</small>					
<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"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CRUZ, GALO HERNAN</b>		NAME		
STREET ADDRESS	<b>14335 S.W. 112TH TERRACE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI, FL 33186</b>		CITY - ST - ZIP		
TITLE	VP,S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NOVOA, MONICA D</b>		NAME		
STREET ADDRESS	<b>14335 S.W. 112TH TERRACE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>MIAMI, FL 33186</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <b>GALO HERNAN CRUZ</b>			Date: <b>04/25/05</b> x(305) 383-7123		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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