


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000147812 1. Entity Name SCANDIA FURNITURE CORP.	
--	---

Principal Place of Business 14335 S.W. 112TH TERRACE MIAMI, FL 33186	Mailing Address 14335 S.W. 112TH TERRACE MIAMI, FL 33186
--	--

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1136232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CRUZ, GALO HERNAN 14335 S.W. 112TH TERRACE MIAMI, FL 33186	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and if not applicable, Registered Agent signature required when name is kept

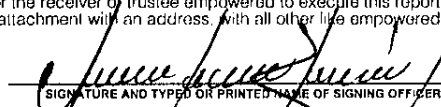
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRUZ, GALO HERNAN 14335 S.W. 112TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S NOBOA, MONICA D 14335 S.W. 112TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000737185  
05/11/07-80017-023 150.00

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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: (305) 383 7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR