2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # P04000151058 SIGLO XXI FURNITURE WAREHOUSE, INC. 2008 SEP 16 PM 3: 30 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **465 HIALEAH DRIVE** 4670 W. 13H LANE HIALEAH, FL 33010 #501 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # Mailing Address 1<u>336 Nw.</u> Suite, Apt. #, etc. Suite. Apt. #. etc. 09112008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 04-3800126 Not Applicable Country 15D \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREIRA, EVIDIO B Street Address (P.O. Box Number is Not A 4670 W. 13H LANE #501 HIALEAH, FL 33012 eanu 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. tero inci (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ourse. NAME PEREIRA, EVIDIO B NAME STREET ADDRESS 4670 W. 13H LANE #501 STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 70013610616cm - Addition 09/18/08--01046--016 **150.00 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FLORIDA DEPARTMENT OF STATE Secretary of State Division Of Corporations P.O. BOX 8700 Tallahassee, Fl 32314

Miami, September 11 of 2008

Many Janes

To Whom it may concern:

I, Evidio Pereira just want to let know that I move to this new address 1336 NW. 54ST. so for that reason all the letters that you send me with the monthly payment is in my old address, I went to the same place but the new owner throwaway all my correspondence For that reasons now I have to pay the amount of 500 for all those months that pass. I just can pay 150 for my company SIGLO XXI FURNITURE WAREHOUSE, INC. This situation makes a mess in my accountability. I hope you can understand my situation and I soon as possible I will pay my other amounts.

Siglo XXI Furniture Warehouse, Inc.

1336 NW. 54 ST. Miami –Fl 33142