2005 FOR PROFIT CORPORATION ANNUAL REPORT

Claudia Vélez G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 04, 2005 8:00 am Secretary of State

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DOCUMENT # P04000162414 1. Entity Name CONCEPTUAL FURNITURE, CORP.										•	005 ***15		
Principal Plac	e of Busines	S		Mailing Address									
1779 IBIS LANE				1779 IBIS LANE						201	Anoro		
WESTON, FL 33327				WESTON, FL 33327				50047862					
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2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04282005	Chg-P	CR	2E034 (10/03))	
City & State				City & State				4. FEI Numb	")-190	0750	$\omega \mapsto$	Applied For	
Zip	Country			Zip	ntry		5. Certificate of Status Desired S8.75 Additional Fee Required						
-	6. Name	and Addres	s of Current R	egistered Agent	1	1		7. Name and	Address of N	lew Register			
							Name						
VELEZ, CLAUDIA E 1779 IBIS LANE						Street Address (P.O. Box Number is Not Acceptable)							
WESTON, FL 33327													
					City				<u> </u>	FL Zip Co	de		
	named sati	T.				1			4. 1. 4 O				
the obligat	tions of regis	ty suprints un tered agent.	s statement for	the purpose of changing its	s register	ea onice or n	egister	ed agent, or bo	tn, in the State	of Honda. I	am tamiliar wit	n, and accept	
l 3 .	,	į											
SIGNATURE.	Signature, hone	f f	of registered agent an	d illia il nacionalda (ILIV)	TE: Benister	d kasst sissatum		when reinstating)					
ř·	Space, type	2 Or printed fields	or registrated agent an	O HOS H ADDICADES (NO.)	C: Negatere	O võeur industruse	i i eduired	when remeating)		DA	116		
FIL	E NOWIII ay 1, 200	FEE IS S 5 Ree will	150.00 be \$550.00	9. Election Camps Trust Fund Con		ncing		00 May Be ed to Fees					
10.		OF	FICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO	OFFICERS.	AND DIRECTO	RS IN 11	
TITLE	DPST	1		☐ Delete	πι						☐ Change		
NAME	VELEZ, C	CLAUDIA E			NAM	ε							
STREET ADDRESS	1779 IBIS	LANE			STRE	ET ADDRESS							
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12. I hereby of	certify that th	e information	supplied with the	nis filing does not qualify fo	r the exe	mption stated	d in Sec	ction 119.07(3)	i), Florida Statu	ites. 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, Horida 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.													
cnanged,	, or on an att	acriment with	an address, wit	in all other like empowered					- 11-	α	_		