P05000028196

(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	7			

Office Use Only



100048046381

DIVISION OF CORPORATIONS
2005 HAR 17 AM 9: 18

03/17/05--01019--018 **35.00

ART. of Correction

13/24

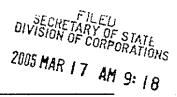
TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	• • • • •			
SUBJECT: PERLA FURNI; (Name of Corpo	TURE, INC			
	200 28 196			
The enclosed Articles of Correction and fee are sub-	mitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
MARISA (Name of Per	COBIAN Son)			
PERLA FURN	ITURE, INC.			
1020 SW (Address)	94 TH AVE			
M/AMI FL (City/State and Z				
For further information concerning this matter, plea	se call:			
MARISA COBIAN at (at (305) 3/0 - 3452			
(Marie of Folder)	(And Code & Dayline Perpinsion Patrioty)			
Enclosed is a check for the following amount:	••			
☼ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status			
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399			

ARTICLES OF CORRECTION

for



FURNITURE, INC. PERLA

Name of Corporation as currently filed with the Florida Dept. of State

P 0 5 0 0 0 0 2 8 1 9 6 Document Number (if known)

	L	oculient Huntoel (it shown)		
Pursuant to the pr these Articles of C	ovisions of Section 607 Correction within 30 day	.0124 or 617.0124, I	Florida St the docum	atutes, this corporation files nent being corrected.
These Articles of	Correction correct	HE ARTICLES	ument Type)	INCORPORATION
filed with the Dep	partment of State on			
Specify the inacco	racy, incorrect stateme	nt, or defect:		
VICE	PRESIDENT	MARISA	COB	IAN
TREAS	URER	MARIS	A co	BIAN
		, , , , , , , , , , , , , , , , , , ,		
			· · · · · · · · · · · · · · · · · · ·	
Correct the inaccu	uracy, incorrect stateme	nt, or defect:		
		· JUAN	E.	PLANA S
TREAS	URER	JU AN	E.	PLANAS PLANAS
),	
	not been selected, by an	resident or other officer - if di incorporator - if in the hands o luctary, by that fiduciary.)	ectors or office the receiver, i	The have trustee, or
MARI	SA COBIA	V		PRESIDENT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00