

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90238 030 \*\*\*150.00

**DOCUMENT # P05000035294**

1. Entity Name  
**NEW CONCEPTS FURNITURE, INC.**



Principal Place of Business  
**8207 SUN SPRING CIRCLE 21  
ORLANDO, FL 32825**

Mailing Address  
**8207 SUN SPRING CIRCLE 21  
ORLANDO, FL 32825**

**20043871**



2. Principal Place of Business  
**5303 E. Colonial Dr.**

3. Mailing Address  
**5303 E. Colonial Dr.**

Suite, Apt. #, etc.  
**G & H**

Suite, Apt. #, etc.  
**G & H**

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip  
**32807**

Country  
**USA**

Zip  
**32807**

Country  
**USA**

04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2470448**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, HECTOR R  
8207 SUN SPRINGS CIR  
21  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name  
**5303 E. Colonial Dr.**

Street Address (P.O. Box Number is Not Acceptable)

**Unit G & H**

City  
**Orlando**

FL Zip Code  
**32807**

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 *[Signature]* DATE **4/28/06**

Signature of person or persons authorized to change registered office and agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>RODRIGUEZ, HECTOR R 8207 SUN SPRINGS CIR 21 ORLANDO, FL 32825</b>	TITLE <b>12168 Shady Spring Way Orlando, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>PEREZ, MARTA 8207 SUN SPRINGS CIR 21 ORLANDO, FL 32825</b>	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **4/28/06** DAYTIME PHONE # **407-279-3335**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR