

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000038274

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** TUSCANY FURNITURE REPAIR INC

**Current Principal Place of Business:**

2970 N.W. 27TH ST., BLD 16  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 88034  
BOCA RATON, FL 33488

**New Mailing Address:**

2970 N.W. 27TH ST., BLD 16  
FORT LAUDERDALE, FL 33311

**FEI Number:** 26-0116159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DECUBELLIS, SCOTT D  
2970 NW 27 ST  
FORT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DECUBELLIS, SCOTT  
Address: 2970 NW 27 ST  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PRES

SD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date