## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## Apr 20, 2007 08:00 AM Secretary of State **DOCUMENT # P05000164158** 1. Entity Name WESTCHESTER FURNITURE GALLERY, INC. Principal Place of Business Malling Address 6788 SW 40TH ST 6788 SW 40TH ST MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (11/05) 04162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3977697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DIAZ, ALINA 7600 S.W. 62ND STREET MIAMI, FL 33143 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITI F DIAZ, ALINA NAME STREET ADDRESS 7600 S.W. 62ND STREET MIAMI, FL 33143 CITY-ST-ZIP U000000719174 VΡ TITLE DIAZ, FERNANDO A NAME STREET ADDRESS 7600 S.W. 62ND STREET CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFER O