


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 014 \*\*\*150.00

<b>DOCUMENT # P05000168317</b>		
1. Entity Name <b>ALEGRIA FURNITURE INC</b>		

Principal Place of Business <b>138 PALM COAST PARKWAY 306 PALM COAST, FL 32164</b>	Mailing Address <b>138 PALM COAST PARKWAY 306 PALM COAST, FL 32164</b>
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2. Principal Place of Business		3. Mailing Address <b>1515 Ridgewood Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>A</b>	
City & State		City & State <b>Holly Hill FL</b>	
Zip	Country	Zip	Country
<b>32117</b>		<b>32117</b>	

40100737



07142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-41000959</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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: *Joe Loguidice* DATE: 7/12/06

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MATRIX, KATIA 138 PALM COAST PARKWAY STE 306 PALM COAST, FL 32164</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC KHIYAYEV, BORIS 138 PALM COAST PARKWAY STE 306 PALM COAST, FL 32164</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 7/12/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR