

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 017 ***150.00

DOCUMENT # P06000070077 1. Entity Name TREASURE COAST UPHOLSTERY INC					
Principal Place of Business 3965 INVESTMENT LN SUITE A-11 WEST PALM BEACH, FL 33404				Mailing Address 2376 JOHNSTON ROAD FORT PIERCE, FL 34951	
2. Principal Place of Business - No P.O. Box # 3878 Prospect Ave. #14		3. Mailing Address 3878 Prospect Ave #14			
Suite, Apt. #, etc. West Palm Beach,		Suite, Apt. #, etc. West Palm Beach			
City & State Florida		City & State Florida			
Zip 33404		Country USA		4. FEI Number 56-2589529	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, JAIME R 2376 JOHNSTON ROAD FORT PIERCE, FL 34951			7. Name and Address of New Registered Agent Name Jaime R. Martinez Street Address (P.O. Box Number is Not Acceptable) 3878 Prospect Ave #14 City West Palm Beach FL Zip Code 33404		
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: 8/23/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent: signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, JAIME R 2376 JOHNSTON ROAD FORT PIERCE, FL 34951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Martinez, Jaime R. 3878 Prospect Ave #14 West Palm Beach, <input checked="" 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	
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	
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	
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:			8/23/08 (561)951-9547		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		