


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 011 \*\*\*150.00

DOCUMENT # P06000148433

1. Entity Name  
 JOSE MUNIZ UPHOLSTERY CORP.




Principal Place of Business Mailing Address  
 8191 NW 91 TERR #6 8191 NW 91 TERR #6  
 MEDLEY, FL 33168 MEDLEY, FL 33168

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*8191 NW 91 Terr* *8191 NW 91 Terr.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*6* *6*

City & State City & State  
*Medley FL* *Medley FL*  
 Zip Country Zip Country  
*33166 USA* *33166 USA*

40011000



03312008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5983921 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 MUNIZ, JOSE E  
 8191 NW 91 TERR #6  
 MEDLEY, FL 33168

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P MUNIZ, JOSE E 8191 NW 91 TERR #6 MEDLEY, FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Muniz Jose E.</i> <i>8191 NW 91 Terr #6</i> <i>Medley FL 33166.</i> <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
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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: *Jose E. Muniz* *3/31/08* *305-885-6827*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #