
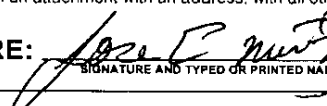


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 8191 NW 91 TERR #6 MEDLEY, FL 33168		Mailing Address 8191 NW 91 TERR #6 MEDLEY, FL 33168	
2. Principal Place of Business - No P.O. Box # 8191 NW 91 Terr		3. Mailing Address 8191 NW 91 Terr.	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6	
City & State Medley FL		City & State Medley FL	
Zip 33166		Zip 33166	
Country USA		Country USA	
4. FEI Number 20-5983921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Muniz JOSE E. 8191 NW 91 Terr #6 Medley FL 33166.
<input checked="" type="checkbox"/> Delete		<input checked="" 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: 		3/31/08	305-885-6827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #