

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002477

FILED
Apr 21, 2008
Secretary of State

Entity Name: EUROPEAN STYLE HOME FURNISHING, INC.

Current Principal Place of Business:

9300 FOUNTAINBLEAU BLVD UNIT 101
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9300 FOUNTAINBLEAU BLVD UNIT 101
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-8179844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD. SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUNA, RUBEN A
Address: 9300 FOUNTAINBLEAU BLVD UNIT 101
City-St-Zip: MIAMI, FL 33172

Title: DS () Delete
Name: REYES, MARANGEL P
Address: 9300 FOUNTAINBLEAU BLVD UNIT 101
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARANGE PATRICIA REYES

DS

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date