## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018428

Entity Name: MGD FURNITURE CORPORATION

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1883 OPA LOCKA BLVD 7186 NW 6TH CT. OPA LOCKA, FL 33054 MIAMI, FL 33150

Current Mailing Address: New Mailing Address:

1883 OPA LOCKA BLVD 7186 NW 6TH CT. OPA LOCKA, FL 33054 MIAMI, FL 33150

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
5UITE C-102
DAVIE, FL 33328 US

DUARTE, MARLENE
7186 NW 6TH CT.
MIAMI, FL 33150 US

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: MARLENE DUARTE 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DUARTE, MARLENE
 Name:
 DUARTE, MARLENE

 Address:
 1883 OPA LOCKA BLVD
 Address:
 7186 NW 6TH CT.

 1883 OPA LOCKA BLVD
 Address:
 7186 NW 6TH CT.

 OPA LOCKA, FL 33054
 City-St-Zip:
 MIAMI, FL 33150

( ) Delete Title: VPD Title: VPD (X) Change ( ) Addition Name: CHAPARRO, GUSTAVO Name: CHAPARRO, GUSTAVO 1883 OPA LOCKA BLVD Address: 7186 NW 6TH CT. Address: OPA LOCKA BLVD, FL 33054 MIAMI, FL 33150 City-St-Zip: 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: MARLENE DUARTE PD 04/27/2009