

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000018428

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Entity Name:** MGD FURNITURE CORPORATION

**Current Principal Place of Business:**

1879 OPA LOCKA BLVD.  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

1879 OPA LOCKA BLVD.  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 26-1996167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUARTE, MARLENE  
974 NW 93RD AVE.  
PLANTATION, FL 33324 US

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

DUARTE, MARLENE  
4266 CASCADA CIRCLE  
COOPER CITY, FL 33024 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:** GUSTAVO CHAPARRO

07/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DUARTE, MARLENE  
**Address:** 4266 CASCADA CIRCLE  
**City-St-Zip:** COOPER CITY, FL 33024

**Title:** VPD  
**Name:** CHAPARRO, GUSTAVO  
**Address:** 1879 OPA LOCKA BLVD.  
**City-St-Zip:** OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

**SIGNATURE:** GUSTAVO CHAPARRO

VPD

07/16/2012

Electronic Signature of Signing Officer or Director

Date