2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P92000002789 1. Entity Name LLORCA ART FURNITURE, INC. Mailing Address Principal Place of Business 152 WEST 25TH STREET 152 WEST 25TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (10/03) 04092004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0371579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LLORCA, JUAN DO NOT WRITE 152 WEST 25TH STREET HIALEAH, FL 33010 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LLORCA, JUAN NAME 1946 SW 18 COURT STREET ADDRESS U00000118249 04/19/04-80051-016 150.00 MIAMI, FL 33145 CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 flustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or the changed, or on an attachment with ar er like empowered

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

FILED