

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000029716

1. Entity Name  
CUSTOM DESIGN FURNITURE, INC.



Principal Place of Business  
7540 W. MCNAB RD.  
SUITE E-18  
NORTH LAUDERDALE, FL 33068 US

Mailing Address  
7540 W. MCNAB RD.  
SUITE E-18  
NORTH LAUDERDALE, FL 33068 US



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0414850

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAHNAZARIAN, ALLEN  
1925 S.E. 17 COURT  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature of the registered agent or registered agent in lieu of bond.

Signature of the registered agent or registered agent in lieu of bond.

Signature

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHAHNAZARIAN, ALLEN  
STREET ADDRESS 1925 S.E. 17 COURT  
CITY, ST, ZIP POMPANO BEACH, FL 33062

TITLE  
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CITY, ST, ZIP

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U000000357004  
05/04/05-80058-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN SHAHNAZARIAN