2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jul 16, 2007 08:00 AM **DOCUMENT # P93000032684 Secretary of State** 1. Entity Name MODERNDAY UPHOLSTERY, INC. Mailing Address Principal Place of Business 227 NE 65TH STREET 227 NE 65TH STREET MIAMI, FL 33138 MIAMI, FL 33138 No Chg-P 07102007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For ♣ FEI Number 65-0410265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent DE BIEN, ALFREDO DO NOT WRITE 10300 FAIRWAY ROAD PEMBROKE PINES, FL 33026 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 (NOTE, Repistered Agent signature required when reinstating DATE Signature, typed or existed name of registered agent and title if applicable in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ΠP MLE DE BIEN, ALFREDO MARKE STREET ADDRESS 10300 FAIRWAY ROAD CITY-ST-ZIP PEMBROKE PINES, FL 33026 U00000768961 07/16/07-80008-015 150.00 DST me DE BIEN, ROBBYN NAME STREET ADDRESS 10300 FAIRWAY ROAD PEMBROKE PINES, FL 33026 CITY-ST-782 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or trustee empowered tolex-cute 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 all other information.

SIGNATURE: 2

NAME STREET ADDRESS CSTY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #