

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000038724

1. Entity Name
HOME FASHION DIRECT, INC.



Principal Place of Business

**19401 W. DIXIE HWY
MIAMI, FL 33180**

Mailing Address

**19401 W. DIXIE HWY
MIAMI, FL 33180 US**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0472937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSFELD, SALO
19401 W. DIXIE HWY
MIAMI, FL 33180**

**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, typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROSFELD, SALO
STREET ADDRESS	19401 W. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	GROSFELD, JAIME
STREET ADDRESS	13390 BISCAYNE BAY DR.
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80008-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

Daytime Phone #