


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 19, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P94000038632 1. Entity Name MEDALLION FURNITURE CORP.	
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Principal Place of Business 800 N.W. 166TH STREET MIAMI, FL 33169	Mailing Address 800 N.W. 166TH STREET MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



07122007 No Chg-P CR2E034 (11/05)

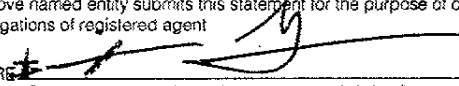
4. FEI Number 65-0492407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASS, ROBERT L  
800 N.W. 166TH STREET  
MIAMI, FL 33169

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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:  DATE: 7/12/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

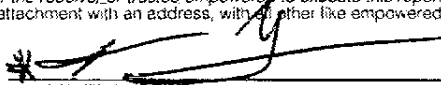
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASS, ROBERT L 800 N.W. 166TH STREET MIAMI, FL 33169
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07/19/07-80002-015 150.00

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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 or without other like empowered

SIGNATURE:  DATE: \_\_\_\_\_ DAY/PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR