


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 029 ***150.00

DOCUMENT # P94000073356					
1. Entity Name RELIABLE FURNITURE REPAIR OF SOUTH FLORIDA, INC.					
Principal Place of Business 1709 NW FEDERAL HIGHWAY STUART FL 34994 US			Mailing Address 1709 NW FEDERAL HIGHWAY STUART FL 34994 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0534253	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONIGLIARO, CHARLES 2126 NW PLUMBAGO TR. STUART FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CONIGLIARO, CHARLES 2126 NW PLUMBAGO TRAIL STUART FL 34994		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TS CONIGLIARO, DONNA 2126 NW PLUMBAGO TRAIL STUART FL 34994			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
V CONIGLIARO, LAUREN 691 NE STUART STREET STUART FL 34994			<input type="checkbox"/> Delete		
V CONIGLIARO, ANGELA 2126 NW PLUMBAGO TRAIL STUART FL 34994			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		



1st MOORE CR2E034 (10/05)

SIGNATURE:

Donna Conigliaro TS Donna Conigliaro

4/20/06 772-405-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #