2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P94000073356 04-28-2006 90154 029 ***150.00 RELIABLE FURNITURE REPAIR OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 1709 NW FEDERAL HIGHWAY 1709 NW FEDERAL HIGHWAY STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0534253 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONIGLIARO, CHARLES Street Address (P.O. Box Number is Not Acceptable) 2126 NW PLÚMBAGO TR. STUART FL 34994 Zip Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THLE PVP ☐ Change ☐ Addition ☐ Delete TITLE NAME CONIGLIARO, CHARLES NAME STREET ADDRESS 2126 NW PLUMBAGO TRAIL STREET ADDRESS CHY-ST-ZIP CITY-S1-7IP STUART FL 34994 TITLE Defete TITLE ☐ Change ☐ Addition CONIGLIARO, DONNA NAME NAME 2126 NW PLUMBAGO TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP HILE Change ☐ Addition Delete CONIGLIARD, LAVILEN 2126 NW Plumbago Tr. NAME CONIGLIARO, LAUREN NAME STREET ADDRESS STREET ADDRESS 691 NE STUART STREET SWART, FL 34994 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Change ☐ Addition TITLE ☐ Delete TITLE CONIGLIARO, ANGELA STREET ADDRESS 2126 NW PLUMBAGO TRAIL STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Donna Coniglian

SIGNATURE AND TYPED OR PARTIED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED