

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90109 019 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0534253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE CR2E034. (10/06)

6. Name and Address of Current Registered Agent

CONIGLIARO, CHARLES  
2126 NW PLUMBAGO TR.  
STUART FL 34994

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	CONIGLIARO, CHARLES	
STREET ADDRESS	2126 NW PLUMBAGO TRAIL	
CITY- ST- ZIP	STUART FL 34994	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CONIGLIARO, DONNA	
STREET ADDRESS	2126 NW PLUMBAGO TRAIL	
CITY- ST- ZIP	STUART FL 34994	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONIGLIARO, LAUREN	
STREET ADDRESS	2126 NW PLUMBAGO TR.	
CITY- ST- ZIP	STUART FL 34994	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONIGLIARO, ANGELA	
STREET ADDRESS	2126 NW PLUMBAGO TRAIL	
CITY- ST- ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE

Charles Conigliaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

772-405-6272

Daytime Phone #