

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90031 043 ***150.00

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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 #

433 NE Baker Rd

Suite, Apt. #, etc.

3. Mailing Address

433 NE Baker Rd

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart, FL

4. FEI Number

65-0534253

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

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

1st MOORE

CR2E034 (10/07)

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's signature required when re-statuting.)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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 ☐ Delete
NAME CONIGLIARO, CHARLES
STREET ADDRESS 2126 NW PLUMBAGO TRAIL
CITY-ST-ZIP STUART FL 34994

TITLE TS ☐ Delete
NAME CONIGLIARO, DONNA
STREET ADDRESS 2126 NW PLUMBAGO TRAIL
CITY-ST-ZIP STUART FL 34994

TITLE V ☐ Delete
NAME CONIGLIARO, LAUREN
STREET ADDRESS 2126 PLUMBAGO TRAIL
CITY-ST-ZIP STUART FL 34994

TITLE V ☐ Delete
NAME CONIGLIARO, ANGELA
STREET ADDRESS 2126 NW PLUMBAGO TRAIL
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 772-692-4180

Date

Daytime Phone #