2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P95000005575 1. Entity Name 04-05-2006 90147 010 ***150.00 JONATHAN & BROTHERS FURNITURE, INC. Principal Place of Business Mailing Address 200 W. 24 STREET HIALEAH FL 33010 200 W. 24 STREET HIALEAH FL 33010 2. Principal Place of Bysiness 3. Mailing Address 1025 Eo 24s 1025 tę. Apt.,#, etc Suite, Apt. #, etc. Suite, Apt. #, etc. HICLEAL 1st MOORE CR2E034 (10/05) Hialeah City & State 4. FEI Number Applied For 65-0655534 lorida Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33013 3<u>3013</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name orales lanet MORALES, JANET 200 W. 24 STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 Zip Code 33013 ialeah 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. sanete Vice Tresiden SIGNATURE FILE NOW!N 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE Change MORALES, ALVIN NAMÉ NAME STREET ADDRESS 20133 NW 64 AVE STREET ADDRESS CITY-ST-ZIP -MIAMI FL 33015 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORALES, JANET NAME STREET ADDRESS 20133 NW 64 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP THEF ☐ Defete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 earth, that I am an officer or director of the corporation or the receiver of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or B Vice Presiden

FILED