


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90199 014 ***158.75

DOCUMENT # P95000027047 1. Entity Name 10TH AVENUE FURNITURE, INC.	
---	---

Principal Place of Business 1055-65 E. 16TH STREET HIALEAH, FL 33010	Mailing Address 1055-65 E. 16TH STREET HIALEAH, FL 33010
--	--

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0569914	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, WILFREDO A 1055-65 E. 16TH STREET HIALEAH, FL 33010
--

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, WILFREDO A 1055-65 E. 16TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTANA, ANGEL 1055-65 E. 16TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, ALEJANDRO 1055-65 E. 16TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #