

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0569914
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000513524
04/29/06 80133-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, WILFREDO A
STREET ADDRESS	1055-65 E. 16TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	SANTANA, ANGEL
STREET ADDRESS	1055-65 E. 16TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	CAMEJO, OMAR
STREET ADDRESS	1055-65 E. 16TH STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	D
NAME	FERNANDEZ, ALEJANDRO
STREET ADDRESS	1055-65 E. 16TH STREET
CITY-ST-ZIP	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 exemptions contained in Chapter 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

Date

Daytime Phone #

4/14/06 (305) 887-2779