


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90081 009 ***158.75

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| DOCUMENT # P95000043715 1. Entity Name POLO OFFICE FURNITURE MFG CO., INC. |  |
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| Principal Place of Business 3698 1/2 N.W. 16 STREET SUITE A FT. LAUDERDALE, FL 33311 | Mailing Address 3698 1/2 N.W. 16 STREET SUITE A FT. LAUDERDALE, FL 33311 |
|---|---|

50035242



03292005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0587693 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MUMESHWAR, SAVITRIE 918 N.W. 130TH TERRACE SUNRISE, FL 33325 | DO NOT WRITE IN THIS SPACE |
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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 re-registering) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MUNESHWAR, MIGUEL C 918 N.W. 130TH TERRACE SUNRISE, FL 33325 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MUNESHWAR, SAVITRIE 918 NW 130TH TERRACE SUNRISE, FL 33325 |
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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: Savitrie Muneswar SAVITRIE MUNESHWAR 3/9/05 954-327-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #