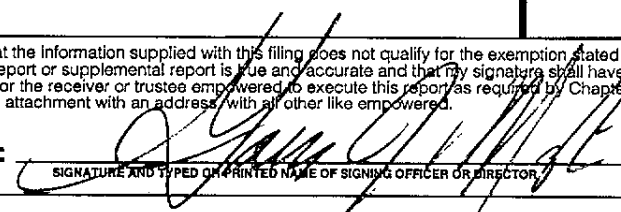


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000045848</b>		
1. Entity Name <b>DEGEN MAJKA FURNITURE &amp; ACCESSORIES, INC.</b>		
Principal Place of Business <b>125 NE 40 ST MIAMI, FL 33137</b>	Mailing Address <b>125 NE 40 ST MIAMI, FL 33137</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02062004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0604680</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>TANNENBAUM, EUGENE 6230 SW 83 AVE MIAMI, FL 33143</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEGEN, JEFFREY 135 NE 40 ST MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAJKA, GARY 135 NE 40 ST MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		<b>4/15/04</b> Date Daytime Phone #