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04 APR 30 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000066691

1. Entity Name
LASTRADA FURNITURE, INC.

Principal Place of Business	Mailing Address
1779 NW 38 AVE. LAUDERHILL, FL 33311 US	1779 NW 38 AVE. LAUDERHILL, FL 33311 US

04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0626535

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCO, BEKI
2361 N.W. 138 AVE
SUNRISE, FL 33323

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

900035793089
05/10/04--01018--003 **800.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORDEHAY, ELI
STREET ADDRESS	1779 N.W. 38TH AVENUE
CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	DVP
NAME	FRANCO, BEKI
STREET ADDRESS	2361 NW 139 AVE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	CEO
NAME	FRANCO, DAVID
STREET ADDRESS	2361 NW 139 AVE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Eli Mordehay 4/26/04 954-485-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #