


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000055414  
 1. Entity Name  
 PAVILION FURNITURE, INC.



Principal Place of Business 16200 NW 49 AVE MIAMI, FL 33014	Mailing Address 16200 NW 49 AVE MIAMI, FL 33014
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03082006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0681031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KLEIN, THEODORE J ESQ  
 8030 PETERS ROAD SUITE D-104  
 FORT LAUDERDALE, FL 33324

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUZZELLA, MICHAEL J 16200 NW 49 AVENUE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BUZZELLA, JOSEPH R 16200 NW 49 AVENUE MIAMI, FL 33014
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 03/22/06-80025-028 150.00

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: Michael J. Buzzella 3/10/06 305-823-3480  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #