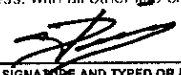


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91214 041 ***150.00

DOCUMENT # P97000036879			
1. Entity Name ARCHITECTURAL FURNITURE DESIGN, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 13869 S.W. 38 LANE Suite, Apt. #, etc.		3. Mailing Address 13869 S.W. 38 LANE Suite, Apt. #, etc.	
City & State MIAMI-FL		City & State MIAMI-FL	
Zip 33175	Country U.S.A.	Zip 33175	Country U.S.A.
4. FEI Number 65-0747584		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JOSE DIAZ			
Street Address (P.O. Box Number is Not Acceptable) 13869 S.W. 38 LANE			
City MIAMI		FL	Zip Code 33175
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reestablishing) DATE			
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.S.D. DIAZ, JOSE 13869 S.W. 38 LANE MIAMI-FL 33175	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other I am empowered.			
SIGNATURE: 		JOSE DIAZ 04-17-2013	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)