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

11005260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13869 S.W. 38 LANE	13869 S.W. 38 LANE
Suite, Apt. #, etc. —	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

DO NOT WRITE IN THIS SPACE

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

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 SW 38 LANE MIAMI-FL 33175	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 like empowered.

SIGNATURE: _____ JOSE DIAZ 04-17-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #