2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022912

1. Entity Name
L.B. FURNITURE STORE, INC.

Principal Place of Business

3645 NW 7TH ST.
MIAMI, FL 33125-4017

Mailing Address

3645 NW 7TH ST.
MIAMI, FL 33125-4017

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0510041	Not Applicable

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

6. Name and Address of Current Registered Agent

ANTUNEZ, EDUARDO
3645 NW 7TH ST.
MIAMI, FL 33125

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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 _____

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

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ANTUNEZ, EDUARDO
STREET ADDRESS	3645 NW 7TH ST.
CITY-ST-ZIP	MIAMI, FL 331254017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000117715
04/19/04-80030-016 150.00

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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.

EDUARDO ANTUNEZ

SIGNATURE: _____ PRESIDENT   04/07/04 (305) 776-84

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #