2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000038206 JB FÚRNITURE MANUFACTURING, INC. Principal Place of Business Mailing Address 711 W 16 STREET 711 W 16 STREET HIALEAH, FL 33010 HIALEAH, FL 33010

FILED Jan 14, 2005 8:00 am Secretary of State

01-14-2005 90011 042 ***150.00



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No Chg-P 01062005 CR2E034 (10/03) Applied For 4. FEI Number 65-0831461 Not Applicable

		-		5. Certificate of Status Des	ired []	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent	2.2 2.2.2.2.2.2.2.3.1.2.2.3.1.2.2.3.1.2.2.3.1.2.2.2.3.1.2.2.2.2			
BLANCO, JOSE M SR. 711 W 16 STREET HIALEAH, FL 33010				DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for the ptions of registered agent. Signature, typed or printed name of registered agent and title			gistered agent, or both, in the State	of Florida. I	·
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				1 de	
TITLE	PTSD			•		
NAME	BLANCO, JOSE M SR.		i.			-
STREET ADDRESS	711 W 16 STREET					
CITY-ST-ZIP	HIALEAH, FL 33010	•				

TITLE BLANCO, RAMONA NAME STREET ADDRESS 711 W 16 STREET CITY-ST-ZIP HIALEAH, FL 33010 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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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 thustee 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 appears, with all other like empowered.

SIGNATURE:

CITY-SI-ZIP

SIGNATURE AND T ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oavtime Phone #