## 2004 FOR PROFIT CORPORATION

## Mar 06, 2004 08:00 AM **ANNUAL REPORT** Secretary of State **DOCUMENT # P98000041685** 1. Entity Name NEW LOOK CUSTOM FURNITURE INC. Principal Place of Business Mailing Address 500 N. DIXIE HWY 500 N. DIXIE HWY HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 02112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0834233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent E. SALINAS PA DO NOT WRITE 15814 NW 16 STREET PEMBROKE PINES, FL 33028 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. Signature, Model or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees U00000079186 <u>/08-/04-20056-001</u> OFFICERS AND DIRECTORS 10. DHE RIVILLAS, ORLANDO NAME STREET ADDRESS 500 N. DIXIE HWY. HOLLYWOOD, FL 33020 CHY-ST-ZIP DILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP Title

12. I hereby certify that the information supplied with this filling 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 applicate 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 report of the report of the corporation or the report of the corporation of the corporation of the report of the corporation of the corporation of the report of the corporation of the corporatio

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED