

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90237 040 ***150.00

DOCUMENT # P98000054089	
1. Entity Name L.A. CUSTOM FURNITURE & DESIGN, INC.	

Principal Place of Business 1981 NW 21ST ST. BAY #3 POMPANO BEACH, FL 33068	Mailing Address 22169 SW 60TH AVE. BOCA RATON, FL 33428
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40064511

2. Principal Place of Business 1905 N.W. 32nd St. Suite, Apt. #, etc. Suite. 5 City & State Pompano Beach, FL. Zip 33064 Country Broward	3. Mailing Address 1905 N.W. 32nd St. Suite, Apt. #, etc. Suite 5 City & State Pompano Beach, FL. Zip 33064 Country Broward
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03312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0848417		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OLIVEIRA, LUCIO M 22169 SW 60TH AVE. BOCA RATON, FL 33428		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

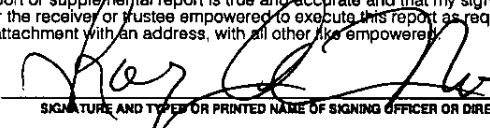
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLIVEIRA, LUCIO M 22169 SW 60TH AVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, ROY A. 22169 SW 60TH AVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, ROY A. 6207 Navajo Ter. Margate, FL. 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:  **4-19-05 954-592-2332**

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