

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**  
03-18-2002 90081 019 \*\*\*150.00

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DOCUMENT #  
1. Entity Name  
RECLINER DEPOT, INC.

P98000070139

Principal Place of Business  
8081 W 21 E PALMETTO LAKES  
HIALEAH FL 33016

Mailing Address  
8081 W 21 E PALMETTO LAKES  
HIALEAH FL 33016

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

6. Name and Address of Current Registered Agent  
CALZADILLA, ALBERTO  
7210 WEST N AVE  
HIALEAH FL 33014

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.  
Alberto Calzadilla President  
1/24/2002  
(NOTE: Registered Agent signature required when reinstating)DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CALZADILLA, ALBERTO  
1325 WEST 68 STREET, UNIT 421  
HIALEAH FL 33014  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ChangeAddition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
Alberto Calzadilla  
1/24/2002 (201)-823-2000  
DateDaytime Phone #