

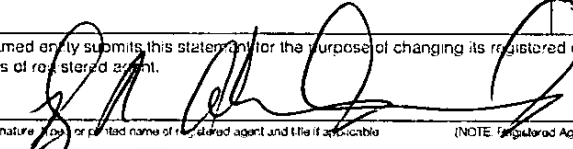
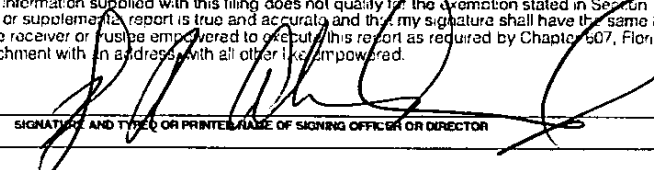
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90778 001 ***600.00

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DOCUMENT # P98000084260					
1. Entity Name 19TH STREET FURNITURE, INC.					
Principal Place of Business 3935 NW 10TH ST LAUDERDALE LAKES, FL 33311 US			Mailing Address 3935 NW 10TH ST LAUDERDALE LAKES, FL 33311 US		
2. Principal Place of Business 2580 ORANGE AVE Suite, Apt. #, etc.			3. Mailing Address 2580 ORANGE AVE Suite, Apt. #, etc.		
City & State PORT PIERCE, FLA			City & State PORT PIERCE, FLA		
Zip 34954 Country ST LUCIE			Zip 34954 Country ST LUCIE		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			4. FEI Number 65-0864913 Applied For Not Applicable		
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD, STE 300 WESTON, FL 33324			7. Name and Address of New Registered Agent Name: TAY ADAMSONA Street Address (P.O. Box Number is Not Acceptable): 2580 ORANGE AVE City: PORT PIERCE FL 34954		
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:  DATE: 4/29/05 (NOTE: Registered Agent signature required when resigning)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST ABANDOND, JAY R 3935 NW 19TH ST LAUDERDALE LAKES, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2580 ORANGE AVE PORT PIERCE, FLA 34954	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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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.					
SIGNATURE: 			Date: 4/29/05 (954) 701-7334		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		