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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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000084260

1. Entity Name
19TH STREET FURNITURE, INC.

Principal Place of Business	Mailing Address
3935 NW 19TH ST LAUDERDALE LAKES, FL 33311 US	3935 NW 19TH ST LAUDERDALE LAKES, FL 33311 US

2. Principal Place of Business	3. Mailing Address
2580 ORANGE AVE	2580 ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FLA	City & State: FORT PIERCE FLA
Zip: 34954 Country: ST LUCIE	Zip: 34954 Country: ST LUCIE

4. FEI Number: 65-0864913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: JAY ABANDONA
Street Address (P.O. Box Number is Not Acceptable): 2580 ORANGE AVE
City: FORT PIERCE FL Zip Code: 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: [signature] 4/29/05
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS

TITLE	PDST	☐ Delete
NAME	ABANDOND, JAY R	
STREET ADDRESS	3935 NW 19TH ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	2580 ORANGE AVE	
CITY-ST-ZIP	FORT PIERCE, FLA 34954	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4/29/05 (954) 701-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #