

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90210 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085908

1. Corporation Name

TROJIA CUSTOM FURNITURE INC.

Principal Place of Business

1174 SW 1ST WAY
DEERFIELD FL 33441

Mailing Address

1174 SW 1ST WAY
DEERFIELD FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEL Number

65-0921010

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PRIANO, ERNESTO J
1174 SW 1ST WAY
DEERFIELD FL 33441

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
PD
PRIANO, ERNESTO JOSE
1174 SW 1ST WAY
DEERFIELD FL 33441
1.2 NAME ☐ DELETE1.3 STREET ADDRESS ☐ DELETE1.4 CITY-ST-ZIP ☐ DELETE2.1 TITLE ☐ DELETE2.2 NAME ☐ DELETE2.3 STREET ADDRESS ☐ DELETE2.4 CITY-ST-ZIP ☐ DELETE3.1 TITLE ☐ DELETE3.2 NAME ☐ DELETE3.3 STREET ADDRESS ☐ DELETE3.4 CITY-ST-ZIP ☐ DELETE4.1 TITLE ☐ DELETE4.2 NAME ☐ DELETE4.3 STREET ADDRESS ☐ DELETE4.4 CITY-ST-ZIP ☐ DELETE5.1 TITLE ☐ DELETE5.2 NAME ☐ DELETE5.3 STREET ADDRESS ☐ DELETE5.4 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 3:12:15 PM 954 421

Date

Daytime Phone #

4713

CR2E034 (1/198)



#P98000085908
578676-90006-1

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 13, 1999

TROJIA CUSTOM FURNITURE INC.
1174 SW 1ST WAY
DEERFIELD, FL 33441

SUBJECT: TROJIA CUSTOM FURNITURE INC.

Ref. Number: P98000085908

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION
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CORRECTION MY NAME IS

ERNESTO JOSÉ PRIAMO

NO = PRIAMO

NO GOOD

GOOD

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314