

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 025 ***150.00

DOCUMENT # P99000008775

1. Entity Name
LEONORE'S FURNITURE INC.



Principal Place of Business

4320 NW 72 AVE.
MIAMI, FL 33155

Mailing Address

4320 NW 72 AVE
MIAMI, FL 33155



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINARES, LEONOR
8690 SW 104 ST
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEONOR**
STREET ADDRESS **LINARES, JAMES**
CITY-ST-ZIP **8690 SW 104TH ST.**
MIAMI, FL 33156

TITLE **S**
NAME **LINARES, JAIME R.**
STREET ADDRESS **8690 SW 104TH ST.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **V**
NAME **JAIME S.**
STREET ADDRESS **LINARES, JAMES**
CITY-ST-ZIP **8690 SW 104TH ST.**
MIAMI, FL 33156

TITLE **T**
NAME **LINARES, MIGUEL A**
STREET ADDRESS **8690 SW 104TH ST.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Leonore Linares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-97-04 305-491-1613

Date

Daytime Phone #