2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P99000008775

Entity Name: LEONORE'S FURNITURE INC.

Current Principal Place of Business:

4320 NW 72 AVE
MIAMI, FL 33155

New Principal Place of Business:

8690 SW 104 ST
MIAMI, FL 33156

Current Mailing Address:

4320 NW 72 AVE
MIAMI, FL 33155

New Mailing Address:

8690 SW 104 ST
MIAMI, FL 33156

FEI Number: 65-0912172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINARES, LEONOR
8690 SW 104 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINARES, LEONOR
Address: 8690 SW 104TH ST.
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete
Name: LINARES, JAIME R
Address: 8690 SW 104TH ST.
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete
Name: LINARES, JAIME S
Address: 8690 SW 104TH ST.
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete
Name: LINARES, MIGUEL A
Address: 8690 SW 104TH ST.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINARES LEONOR P 04/29/2005

Electronic Signature of Signing Officer or Director — Date