

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
05-08-2006 90271 042 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

DOCUMENT # P99000050271					
1. Entity Name 1ST CONCEPT FURNITURE DESIGNERS & BUILDERS, INC.					
Principal Place of Business 6333 SW 22 CT MIRAMAR FL 33023			Mailing Address 6333 SW 22 CT MIRAMAR FL 33023		
2. Principal Place of Business 5849 SW 25 ST Suite, Apt. #, etc. HOLLYWOOD City & State FLORIDA Zip 33023 Country BROWARD		3. Mailing Address 5849 SW 25 ST Suite, Apt. #, etc. HOLLYWOOD City & State FLORIDA Zip 33023 Country BROWARD			
4. FEI Number 65-0923471			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent WILLIAMS, RANDOLPH 6333 SW 22 CT MIRAMAR FL 33023		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5849 SW 25 ST City HOLLYWOOD FL Zip Code 33023			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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, RANDOLPH 6333 SW 22 CT MIRAMAR FL 33023		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Randolph Williams</u>			04.28.06 954 965 0290		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Document Corrected by Randolph Williams