

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

|  |                          |                                 |  |   |  |
|--|--------------------------|---------------------------------|--|---|--|
| <b>DOCUMENT # P99000078487</b><br>1. Entity Name<br><b>ROGER SALAZAR CUSTOM UPHOLSTERY, INC.</b>   |                          |                                 |  |   |  |
| Principal Place of Business<br><b>6403 GEORGIA AVENUE<br/>WEST PALM BEACH FL 33405</b>   |                          |                                 | Mailing Address<br><b>6403 GEORGIA AVENUE<br/>WEST PALM BEACH FL 33405</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                          |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |   |  |
| City & State   |                          |                                 | City & State   |   |  |
| Zip  |                          | Country                         |  | Zip   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SALAZAR, ROGER<br/>6403 GEORGIA AVENUE<br/>WEST PALM BEACH FL 33405</b>  |                          |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                          |                                 |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div> |                          |                                 |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |  |
| TITLE  | PSTD                     | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   | SALAZAR, ROGER           |                                 | NAME   |   |  |
| STREET ADDRESS   | 6403 GEORGIA AVENUE      |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH FL 33405 |                                 | CITY-ST-ZIP  |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   |                          |                                 | NAME   |   |  |
| STREET ADDRESS   |                          |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                          |                                 | CITY-ST-ZIP  |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   |                          |                                 | NAME   |   |  |
| STREET ADDRESS   |                          |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                          |                                 | CITY-ST-ZIP  |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   |                          |                                 | NAME   |   |  |
| STREET ADDRESS   |                          |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                          |                                 | CITY-ST-ZIP  |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   |                          |                                 | NAME   |   |  |
| STREET ADDRESS   |                          |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                          |                                 | CITY-ST-ZIP  |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete | TITLE  |   |  |
| NAME   |                          |                                 | NAME   |   |  |
| STREET ADDRESS   |                          |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                          |                                 | CITY-ST-ZIP  |   |  |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0959618** Applied For ☐ Not Applicable

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

**FL** Zip Code

000000451974  
03/11/06-80008-009 150.00

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: 7**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20/06**  
Date

Daytime Phone #