


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S06913**


1. Entity Name  
**JONDEL CUSTOM FURNISHING, INC.**



Principal Place of Business      Mailing Address

1160 N.E. 160TH ST.      1160 NE 160TH ST  
 MIAMI, FL 33162-5408      MIAMI, FL 33162 US

**DO NOT WRITE IN THIS SPACE**



04182005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0219012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DON HARRISON**  
**9600 CUTLER RIDGE DR**  
**MIAMI, FL 33157**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

11000000320259  
 04/21/05-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HYLTON, JOHN
STREET ADDRESS	1770 N.E. 140TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	P
NAME	JOHNSON, DELROY
STREET ADDRESS	1770 NE 140TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	T
NAME	JOHNSON, DELROY
STREET ADDRESS	1160 NE 160TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	HYLTON, JOHN
STREET ADDRESS	1770 NE 140TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: John Hylton      **JOHN HYLTON**      4/19/2005      (305) 769-1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #