


FILED
Apr 21, 2008 08:00 AM
Secretary of State

**2008 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S06913 1. Entity Name JONDEL CUSTOM FURNISHING, INC.	
---	---

Principal Place of Business 1160 N.E. 160TH ST. MIAMI, FL 33162-5408	Mailing Address 1160 NE 160TH ST MIAMI, FL 33162 US
---	--

DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0219012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000907709
 05/05/08 80049 004 150.00

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

DO NOT WRITE
 IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: John Hylton 4/18/2008 (305) 769-1116

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