| | MITTER | ILI OILI (AII | 1 | | | |
|--|---|--|---|--------------------|--|-------|
| DOCUMENT # \$12905 1. Entity Name EUROPEAN FURNITURE REPAIR AND REFINISHING INC. | | | | | FILED Jul 19, 2007 08:00 AM Secretary of State | |
| Principal Plac | e of Business | Mailing Address | <u> · </u> | | Secretary of State | |
| (| | • | 18 SE . | | | |
| 612 N. ORANGE AVE. BLDG. B1 JUPITER FL 33458 US | | 612 N. ORANGE AVENUE BLDG. B1 JUPITER FL 33458 US | | | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | |
| Suite, Apt. | | Suite, Apt. #. etc. | | | 2nd MOORE CR2E034 (4/07) | |
| City & State | | City & State | | | 4. FEI Number 65-0233221 Applied For Not Applicable | e. |
| Zıp | Country | Zip | Country | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered Agent | _ |
| 1239 | IDOLFO, SEBASTIANO 95 182ND PLACE NORTH | | Street Ac | | P O. Box Number is Not Acceptable) | _ |
| JUPITER FL 33478 | | | | | | |
| | | | | Спу | FL Zip Code | _ |
| 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 | | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State S.607 193(2)(b), F.S., allows for the warver of the \$400.00 tate lee. By checking this box, the corporation certified it did not receive prior notice. Fee to file is \$150.00. 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. | | | | | | |
| | OFFICERS AND | | 111. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | _ |
| 10. | DEFICERS AND | | HILE | | Change Addition | _ |
| TITLE NAME | D Delete MILL PANDOLFO, SEBASTIANO Delete MAM | | | | | • ; |
| STREET ADDRESS | 12395 182ND PLACE NORTH JUPITER FL 33478 | | \$ | ADORESS T-ZIP | 000000769539 07/19/07-80005-005 150.00 | |
| TITLE | | | TITLE | | ☐ Change ☐ Addillio | 3 |
| NAME | 1,1122 | | NAME | thought. | | |
| STREET ADDRESS CITY-ST-ZIP | 12395 182ND PLACE NORTH JUPITER FL 33478 | | CITY-ST | ADDRESS I - ZIP | | |
| TITLE | مستر مهرمون المراهون الدارات والمعمومية وما الدارات الدارات | Delete | RTLE - NAME | | Change Additio | ß |
| NAME STREET ADDRESS CITY-ST-ZIP | | | • | ADDRESS I- ZIP | | |
| TITLE | | | THE | | ☐ Change ☐ Additio | B |
| NAME | | 33,50 | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET I | ADDRESS T-ZIP | | |
| TITLE | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Additio | 1 |
| NAME STREET ADDRESS | | | 1 1 | ADDRESS | | |
| CITY-SI-ZIP | | | CITY-ST | i | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Additio | ภ |
| NAME | | | 3MAN . | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST | ADDRESS I-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Designation of District Designation of District Designation of Designatio | | | | | | |