2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$31603

1. Entity Name

THE INNOVATIVE DESIGN FURNITURE MANUFACTURERS, INC.



Principal Place of Business Mailing Address 1104 S. WESTMORELAND DRIVE STE. 3 ORLANDO FL 32805 1104 S. WESTMORELAND DRIVE STE. 3 ORLANDO FL 32805 2 Principal Place of Business 3 Mailing Address

FILED	
Apr 08, 2004 8:00 an	m
Secretary of State	

04-08-2004 90043 011 ***150.00



NAME STREET ADDRESS CITY-ST-ZIP CRLANDO FL TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. Timespari	add of Daginoss	G. Haming Address			1				101 IBB	
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### Store Address of New Registered Agent Store Address of New Registered Agent Store Address of New Registered Agent Name and Address of New Registered Agent Name	City & State	9	City & State			4. F	4. FEI Number 59-3049525				
PORTILLA, ANGEL DE LA 1104 S. WESTMORELAND DRIVE STE 3 8. The above numeric dentity submiss 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 accident her obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident her by the obligations of registered agent. SIGNATURE Street Now!!! FEE: IS \$150.00* After May 1; 2004 Fee will be \$550.00* After May 1; 2004 Fee will be \$550.00* Added to Freeze Agent signature required where restating) DATE	Zip Country Zip Co			Countr	5. Certificate of Status De			esired		8.75 Additional	
PORTILLA, ANGEL DE LA 1104 S. WESTMORELAND DRIVE STE 3 ORLANDO FL 32805 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to bilipations of registered agent, or both, in the State of Florida. I am familiar with, and accident to the purpose of the familiar with, and accident to the familiar with, and accid		6. Name and Address of Current	Registered Agent			7. N	ame and Address of New R	egistered A	gent		
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A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent. SIGNATURE Signification by the state of Florida or printed name of registered agent and like / Applicable. PILE NOW!!. FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Defice Total Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DE LA PORTILLA, ANGEL TITLE NAME STREET ADDRESS CITY-S1-ZP ORLANDO FL TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE STRE	1104 S. WESTMORELAND DRIVE STE 3			_	Street Address (P.O. Box Number is Not Acceptable)						
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After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable, (NOTE:	Registered	Agent signature requ	uired when to	instating)	DATE			
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indicated on this report or supplemental reports in the 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 trade of the corporation of the corporation or the receiver or trade of the corporation or the corporation or the receiver or trade of the corporation or the corporation of the corporation or the corporation o

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #