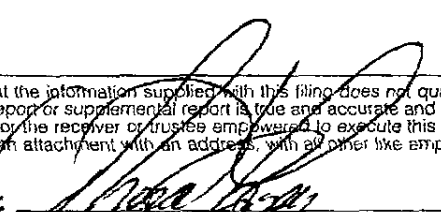


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S34363 1. Entity Name RED TAG FURNITURE DISCOUNT, INC.					
Principal Place of Business 734 SW 24 ROAD MIAMI FL 33129			Mailing Address 734 SW 24 ROAD MIAMI FL 33129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0243832	
5. Certificate of Status Desired ☐		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, MARIA T 734 SW 24 RD MIAMI FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT ☐ Delete NAME LOPEZ, MARIA T. STREET ADDRESS 734 SW 24 RD CITY-ST-ZIP MIAMI FL 33129			TITLE ☐ Change ☐ Addition NAME 000000478688 STREET ADDRESS 04/08/06-80014-016 150.00 CITY-ST-ZIP		
TITLE VP ☐ Delete NAME LOPEZ, FRANK P. STREET ADDRESS 3175 SW 17C WAY CITY-ST-ZIP MIAMI FL			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T ☐ Delete NAME LOPEZ, ANA STREET ADDRESS 10843 SW 74 ST CITY-ST-ZIP MIAMI FL 33173			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S ☐ Delete NAME LOPEZ, ROSA STREET ADDRESS 734 SW 24 RD CITY-ST-ZIP MIAMI FL 33129			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		

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:  **03/20/2006 (305-562-6335)**