2003 FOR PROFIT CORPORATION

	003 FOR PROFI IFORM BUSINE					FILED Apr 14, 2003 8:	00 am	0064805
1. Entity Nam		0				Secretary of S 04-14-2003 90084 050 ***1	tate	Ą
BAEZ CU	ISTOM FURNITURE, INC.							
NS	Mest Change R FL 32569	MABY ESTHER FL 32569	ncu	noge				
405	lace of Business Unit 5	3. Mailing Address	<u> </u>					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State						4. FEI Number TO COTOGO Applied For		
For	+ Walton Boh 17	City & State	0			59-3059652	Not Applicable	
3,35	18 Country	Zip	Coun	ury		Fee Rec	Additional quired	
	6. Name and Address of Current I	registered Agent	_	Name		7. Name and Address of New Registered Agent		
WILLIAM BAEZ 2371 HWY 98 WEST UNIT D					dress (P.O. Box Number is Not Acceptable)			
MARY ESTHER FL 32569				U	unit E			
6 The phays		Alexander of the section (b)		City F	<u>) + 1C</u>	waiton Bch FL 23	3548	
	ions of registered agent.					d agent, or both, in the State of Florida. I am familiar v	with, and accept	
F	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00	nd title if applicable. (NOTE	: Registered	d Agent signature	a required wh		.5.00	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State					5.00 May Be dded to Fees	
10. :	OFFICERS AND I	DIRECTORS Delete	11.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		(Z
NAME STREET ADDRESS -	BAEZ, JALEAN 2371 HWY 98 WEST UNIT D MARY ESTHER FL 32569	Detecte	NAME STRE	i i	H H	5 love joy Rd www. Walton Bch Fl	5 32548	E034 (10/02)
TITLE NAME STREET ADDRESS	P BAEZ, ADA 2371 HWY 98 WEST UNIT D	☐ Delete	TITLE NAME STREE	:	Ada	pres Xcha L Baez 1002/01 Rd Unit 5	nge Addition	CR2E03
CITY-ST-ZIP	MARY ESTHER FL 32569	- Délete	CITY	ST-ZIP	F+, 1	Walton BCh Fl 32	nge: Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BAEZ, WILLIAM- 2371 HWY 98 WEST UNIT D MARY ESTHER FL 32569	∑ Delete	NAME STREE		W11	Man Baez 5 love by Rd unit E	¥548	
TITLE NAME STREET ADDRESS	MART ESTITER PE 32309	☐ Delete	TITLE		-	Walton Bon Fl 30		
CITY-ST-ZIP	2			ST-ZIP				ı
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Char	nge Addition	:
TITLE NAME		☐ Delete	TITLE			☐ Chai	nge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP	*		STREE	ET ADDRESS ST-ZIP				
indicated of the cor	on this report or supplemental report is	true and accurate and that m wered to execute this report a	v signat	ure shall hav	ve the san	tion 119.07(3)(i), Florida Statutes. I further certify that I ime legal effect as if made under oath; that I am an of Florida Statutes; and that my name appears in Block	ficer or director	