

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90078 038 ***150.00

DOCUMENT # S41314
 1. Entity Name
DYNASTY FURNITURE MANUFACTURING, INC.



Principal Place of Business: **4700 NW 15 AV BAY 4 FT LAUDERDALE FL 33309 US**
 Mailing Address: **4700 NW 15 AV BAY 4 FT LAUDERDALE FL 33309 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: **65-0253588**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICUIA, EDWARD
4700 NW 15 AVE
BAY 4
FT LAUDERDALE FL 33309

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DICUIA, EDWARD	
STREET ADDRESS	3082 NW 72 AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICUIA, JAMES	
STREET ADDRESS	5421 RIVERMILL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	V	<input type="checkbox"/> Delete
NAME	JULIANO, ANTHONY	
STREET ADDRESS	9701 NW 2ND ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JULIANO, KIMBERLY	
STREET ADDRESS	9701 NW 2ND ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICUIA, RICHARD	
STREET ADDRESS	4549 NW 60 CT	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE DICUIA	
STREET ADDRESS	3082 NW 72 Ave	
CITY-ST-ZIP	Margate FL 33063	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 9547763733
 Date Daytime Phone #