FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S58138

1. Entity Name
M. HELLER CUSTOM FURNITURE, INC.

Principal Place of Business	Mailing Address
S RODGERS CIRCLE BOCA RATON, FL 33487	S RODGERS CIRCLE BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0268665
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELLER, MITCH
1084 S RODGERS CIRCLE
BOCA RATON, FL 33487

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7. 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, my position as registered agent.

SIGNATURE _____ DATE 4/28/04
(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001482286
05/03/04-80139-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELLER, MITCH
STREET ADDRESS	1084 S RODGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date