

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 381870

**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**5674715763CC**

**Entity Name:** EL DORADO FURNITURE CORPORATION

**Current Principal Place of Business:**

4200 NW 167TH ST  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

4200 NW 167TH ST  
MIAMI GARDENS, FL 33054 US

**FEI Number:** 59-1350886

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLOREZ, LESLIE L  
782 NW LE JEUNE ROAD  
SUITE 350  
MIAMI, FL 33126 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name CAPO, CARLOS E  
Address 4200 N.W. 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33054

Title PD  
Name CAPO, LUIS E  
Address 4200 N.W. 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33054

Title DT  
Name CAPO, JULIO C  
Address 4200 N.W. 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33054

Title SD  
Name CAPO, PEDRO A  
Address 4200 N.W. 167 STREET  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name CAPO, JESUS R  
Address 4200 N.W. 167 ST  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name CAPO, ROBERTO  
Address 4200 N.W. 167 ST  
City-State-Zip: MIAMI GARDENS FL 33054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEDRO A CAPO

**SECR**

**01/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date