

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 013 ***150.00

DOCUMENT # 537705

1. Entity Name

CARL'S FURNITURE PLAZA, INC.



Principal Place of Business

6650 N FEDERAL HWY
BOCA RATON FL 33487

Mailing Address

6650 N FEDERAL HWY
BOCA RATON FL 33487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1851006

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

KENNEDY, BENJAMIN
399 W PALMETTO PK RD, #106
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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
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	☒ Delete
NAME	FRIEDMAN, FRED	
STREET ADDRESS	6650 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	☐ Delete
NAME	DRAGIN, ROBERT W.	
STREET ADDRESS	6650 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	☐ Delete
NAME	BAKER, MYRON	
STREET ADDRESS	6650 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	AS	☐ Delete
NAME	KENNEDY, TERI B	
STREET ADDRESS	6650 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T	☐ Delete
NAME	BAKER, JEFF	
STREET ADDRESS	6650 N. FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	6810 N. STATE ROAD 7	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	6810 N. STATE ROAD 7	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	6810 N. STATE ROAD 7	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
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:

CARL'S PLAZA Inc by *[Signature]*

Jeff Baker

2/27/06

954-949-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #