

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717193

FILED
Mar 16, 2007
Secretary of State

Entity Name: FLORIDA HOME FURNISHINGS REPRESENTATIVES ASSOCIATION, INC.

Current Principal Place of Business:

1135 PASADENA AVE., SOUTH, STE#239
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

1135 PASADENA AVE., SOUTH, STE#239
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-1456408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAX, BARRY
1135 PASADENA AVE S
STE 110
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENBERG, ELAINE
Address: 106 LANE EMERALD DR #410
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: CLEVELAND, CRAIG
Address: PO BOX 0506
City-St-Zip: MELBOURNE, FL 32902

Title: D () Delete
Name: TAMNEY, VONICA
Address: PO BOX 12
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: DREZNIN, NEAL
Address: 841 FAULKWOOD COURT
City-St-Zip: SARASOTA, FL

Title: STD () Delete
Name: WAX, BARRY
Address: 1135 PASADENA AVENUE S., STE. 110
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: ASKER, ESSE
Address: 5880 OUR ROBBIES ROAD
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LAUFER, CAREY
Address: 1950-6 N. COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COSTAR, DAVID
Address: 916 ALAMEDA LANE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY WAX

STD

03/16/2007

Electronic Signature of Signing Officer or Director

Date