


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002924  
 1. Entity Name  
 JENNIFER CONVERTIBLES, INC.



Principal Place of Business      Mailing Address  
 419 CROSSWAYS PARK DRIVE      419 CROSSWAYS PARK DRIVE  
 WOODBURY, NY 11797              WOODBURY, NY 11797

**DO NOT WRITE IN THIS SPACE**



01122004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 11-2824646      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed 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**

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

U00000037614  
 02/06/04-80105-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABADA, RAMI 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATTTLER, KEVIN 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FALCHOOK, LESLIE 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WINCIG, BERNARD 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEIDNER, EDWARD B 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD GREENFIELD, HARLEY J 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797

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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)(f), 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 fees empowered.

SIGNATURE: ✓ *Rami Abada*      Date: *2/27/04*      Daytime Phone #: *(516) 496 1900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR