


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 24, 2005 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**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>11-2824646</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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 MATTLER, 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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01/25/05-80071-009 150.00

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 like empowered.

SIGNATURE:       Date: **01/25/05**      Daytime Phone #: **516 496 2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #