2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

1. Entity Name OFFICE FURNITURE BROKERS, INC.	
Principal Place of Business Mailing Address 2887 22ND AVE N 2887 22ND AVE N ST PETERSBURG, FL 33713 US ST PETERSBURG, FL 33713	US
DO NOT WRITE IN THIS SPA	02102005 No Chg-P CR2E034 (10/03) 4. FE! Number
6. Name and Address of Current Registered Agent MILLER, LOUISE A 2887 22ND AVE N ST PETERSBURG, FL 33713	DO NOT WRITE IN THIS SPACE
The above named entity submits this same around the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. The above named entity submits this same around the state of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with accept the obligations of registered agent. Or both in the State of Florida. I am familiar with a state of Florida. I am familiar with a state of Florida.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees
TITLE NAME MILLER, LOUISE A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000257845 03/10/05-80017-023 150.00
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: SIGNATURE Date	