

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000041108		
1. Entity Name 95 SHOWROOM CORP.		
Principal Place of Business RENEE 95 SHOWROOM 820 S.W. 12TH AVENUE POMPANO BEACH, FL 33069	Mailing Address RENEE 95 SHOWROOM 820 S.W. 12TH AVENUE POMPANO BEACH, FL 33069	 01102006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0433359 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAWCHUK, CLARE 880 S.W. 10TH AVE BAY 8R POMPANO BEACH, FL 33069		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 01/20/06-80022-019 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAUSER, BERNICE 820 SW 12 AVE. POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZONENSHINE, RENEE 820 SW 12 AVE POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENINNO, ROBERT 820 SW 12 AVE. POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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: 		1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #