

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000041108

**Entity Name:** 95 SHOWROOM CORP.

**Current Principal Place of Business:**

RENEE 95 SHOWROOM  
820 S.W. 12TH AVENUE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

RENEE 95 SHOWROOM  
2705 BURRIS RD  
DAVIE, FL 33314

**FEI Number:** 65-0433359

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZONENSHINE, RENEE  
820 SW 12TH AVE  
POMPANO BEACH, FL 33069 US

*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

**Officer/Director Detail :**

Title PD  
Name BRAUSER, BERNICE  
Address 820 SW 12 AVE.  
City-State-Zip: POMPANO BEACH FL 33069

Title STD  
Name ZONENSHINE, RENEE  
Address 820 SW 12 AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title VP  
Name MENINNO, ROBERT  
Address 820 SW 12 AVE.  
City-State-Zip: POMPANO BEACH FL 33069

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RENEE ZONENSHINE

STD

01/02/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date