

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90031 012 \*\*\*150.00

<b>DOCUMENT # 203939</b> 1. Entity Name <b>FLORIDA FURNITURE EXHIBITORS, INC.</b>					
Principal Place of Business <b>3590 MYSTIC POINTE DRIVE AVENTURA, FL 33180-2554 US</b>			Mailing Address <b>P.O. BOX 80-1538 AVENTURA, FL 33280-1538 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1195973</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAREL, LARRY 3590 MYSTIC POINTE DRIVE AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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) DATE</small>					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WAX, BARRY</b> <b>51 DOLPHIN DR</b> <b>TREASURE ISLAND, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Wax, Barry</b> <b>1135 Pasadena Ave. Ste 239</b> <b>St. Petersburg, FL 33707</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEVELAND, CRAIG</b> <b>421 MAPLE BLUFF CIRCLE</b> <b>MELBOURNE, FL 32940</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cleveland, Craig</b> <b>7350 Tolona, Ste E</b> <b>East Melbourne, FL 32904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KAMIS, DAN</b> <b>4800 NW 37TH AVE</b> <b>MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Kamis, Dan</b> <b>4800 NW 37th Ave.</b> <b>Miami, FL 33142</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KONIGSBERG, NATHAN</b> <b>1201 S. OCEAN DR</b> <b>HOLLYWOOD, FL 33019</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Konigsberg, Nathan</b> <b>1201 S. Ocean Dr.</b> <b>Hollywood, FL 33019</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOLOMON, PERRY</b> <b>7350 NW MIAMI CT</b> <b>MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lopez, Camilo</b> <b>4110 Laguna Street</b> <b>Coral Gables, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MOORE, LINDA</b> <b>3500 NE 30 AVE</b> <b>LIGHTHOUSE PT, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Moore, Linda</b> <b>P.O. Box 5624 - 3500 NE 30 Ave.</b> <b>Lighthouse Pt., FL 33074</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.					
<b>SIGNATURE:</b> <u>Barry Wax</u> <b>Barry Wax</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/4/04</b> <b>305 792-9990</b> <small>Date Daytime Phone #</small>		