2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# 203939

Entity Name: FLORIDA FURNITURE EXHIBITORS, INC.

Current Principal Place of Business:

3590 MYSTIC POINTE DRIVE
AVENTURA, FL 331802554 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 80-1538
AVENTURA, FL 332801538 US

New Mailing Address:

FEI Number: 59-1195973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAREL, LARRY
3590 MYSTIC POINTE DRIVE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: WAX, BARRY
Address: 1135 PASADENA AVE STE 239
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D ( ) Delete
Name: CLEVELAND, CRAIG
Address: 7350 TOLONA STE E
City-St-Zip: MELBOURNE, FL 32904

Title: VP ( ) Delete
Name: KAMIS, DAN
Address: 4800 NW 37TH AVE
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: KONIGSBERG, NATHAN
Address: 1201 S. OCEAN DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete
Name: LOPEZ, CAMILO
Address: 4110 LAGUNA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: MOORE, LINDA
Address: PO BOX 5624- 3500 NE 30 AVE
City-St-Zip: LIGHTHOUSE PT, FL 33074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WAX, BARRY
Address: 1135 PASADENA AVE STE 110
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T (X) Change ( ) Addition
Name: FERBER, STAN
Address: 4401 NW 37TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change ( ) Addition
Name: KAMIS, DAN
Address: 4800 NW 37TH AVE
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MOORE, LINDA
Address: PO BOX 5624- 3500 NE 30 AVE
City-St-Zip: LIGHTHOUSE PT, FL 33074

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARRY WAX P 03/14/2005

Electronic Signature of Signing Officer or Director — Date