


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 203939 1. Entity Name FLORIDA FURNITURE EXHIBITORS, INC. |  |
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| Principal Place of Business 3590 MYSTIC POINTE DRIVE AVENTURA, FL 33180-2554 US | Mailing Address P.O. BOX 80-1538 AVENTURA, FL 33280-1538 US |
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DO NOT WRITE IN THIS SPACE



07192007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1195973 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KAREL, LARRY 3590 MYSTIC POINTE DRIVE AVENTURA, FL 33180 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAMIS, DAN 4800 NW 37TH AVENUE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MOORE, LINDA P.O. BOX 5624 LIGHTHOUSE POINT, FL 33074 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAUFER, CAREY 1950-6 N. COMMERCE PKWAY WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KONIGSBERG, NATHAN 1201 S. OCEAN DR HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOPEZ, CAMILO 4110 LAGUNA STREET CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FERBER, STAN 3850 NORTH 29 TERRACE, STE 101 HOLLYWOOD, FL 33020 |

**DO NOT WRITE
IN THIS SPACE**

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08/01/07-80001-007 150.00

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 an officer like empowered.

SIGNATURE:  **7/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #