

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203939

FILED
Feb 17, 2009
Secretary of State

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

Title: T () Delete
Name: MOORE, LINDA
Address: P.O. BOX 5624
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: S () Delete
Name: LAUFER, CAREY
Address: 1950-6 N. COMMERCE PKWAY
City-St-Zip: WESTON, FL 33326

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

Title: VP () Delete
Name: FERBER, STAN
Address: 3850 NORTH 29 TERRACE, STE 101
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAN KAMIS

P

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date