


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 483851	
1. Entity Name THE FURNITURE FACTORY SHOWROOM, INC.	

Principal Place of Business 4501 N. FEDERAL HIGHWAY BOCA RATON, FL 33431 US	Mailing Address 4501 N. FEDERAL HIGHWAY BOCA RATON, FL 33431 US
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07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1621117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, STEVEN B BROWN'S INTERIOR DESIGN 4501 N. FEDERAL HIGHWAY BOCA RATON, FL 33431	
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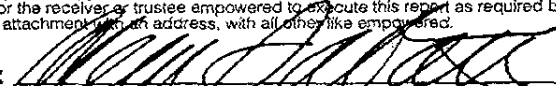
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating) U00000168252 07/26/04 80996-008 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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	PD BROWN, STEVEN B 5802 WINDSOR TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, MURRAY R. 1628 U S HIGHWAY #1 JUPITER, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NADLER, PAMELA 5354 VALLEJO TERR DELRAY BEACH, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSS, ROSANN 5049 NW 103 AVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, DANA S. 5802 WINDSOR TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABATH, ALLEN 2326 NW 21ST AVE BOCA RATON, FL 33496

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
SIGNATURE: 	07/12/04 561-368-2703
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>