

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90032 016 ***150.00

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



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1621117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, STEVEN B
STREET ADDRESS 5802 WINDSOR TERRACE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VD
NAME BROWN, MURRAY R.
STREET ADDRESS 1628 U S HIGHWAY #1
CITY-ST-ZIP JUPITER, FL 33410

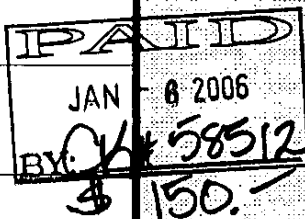
TITLE V
NAME NADLER, PAMELA
STREET ADDRESS 5354 VALLEJO TERR
CITY-ST-ZIP DELRAY BEACH, FL 33428

TITLE V
NAME ROSS, ROSANN
STREET ADDRESS 5049 NW 103 AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE S
NAME BROWN, DANA S.
STREET ADDRESS 5802 WINDSOR TERRACE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE T
NAME SABATH, ALLEN
STREET ADDRESS 2326 NW 21ST AVE
CITY-ST-ZIP BOCA RATON, FL 33496

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IN THIS SPACE**



V# 1063
Wic/Jones

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 all other like empowered.

SIGNATURE:

Allen Sabath

ALLEN SABATH

01/06/06

(561) 368-2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #