2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483851

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE FURNITURE FACTORY SHOWROOM INC

FILED Jan 09, 2009 Secretary of State

Littly Name: THE FORNITORE FACTORT SHOWROOM, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	DERAL HIGHV ON, FL 33431	VAY US		
Current Mailing Address:			New Mailing Address:	
4501 N. FEDERAL HIGHWAY BOCA RATON, FL 33431 US				
FEI Number:	59-1621117	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
4501 N. FE	TEVEN B INTERIOR DE: DERAL HIGHV ON, FL 33431	VAY		
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	E:			
	Electroni	Signature of Registered Age	ent	Date
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I BROWN, STEVE 5802 WINDSOR BOCA RATON, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () I BROWN, MURRA 1628 U S HIGHW JUPITER, FL 33	/AY #1	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () I NADLER, PAMEI 5354 VALLEJO I DELRAY BEACH	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () I BROWN, DANA S 5802 WINDSOR BOCA RATON, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALLEN SABATH T 01/09/2009

() Delete

SABATH, ALLEN

5372 NW 21ST AVE

BOCA RATON, FL 33496

() Change () Addition