

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 509186

FILED
Mar 04, 2004
Secretary of State

Entity Name: DANISH FURNITURE CENTER, INC.

Current Principal Place of Business:

4849 N DIXIE HWY
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

4849 N DIXIE HWY
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-1681255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRESEN, MARY LIND
4849 NORTH DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334

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: SD () Delete
Name: JOSEPHINE, BIRGER
Address: 4835 NE 12 TERR
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: PD () Delete
Name: ANDERSEN, MARY LIND
Address: 2825 NE 24 CT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VD () Delete
Name: PETERSON, LISA A
Address: 2825 NE 24 CT
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JOSEPHSEN, BIRGER
Address: 4835 NE 12 TERR
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: PD (X) Change () Addition
Name: ANDRESEN, MARY LIND
Address: 2825 NE 24 CT
City-St-Zip: FORT LAUDERDALE, FL 33305

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY LIND ANDRESEN

PD

03/04/2004

Electronic Signature of Signing Officer or Director

Date