

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 509186**

1. Entity Name  
**DANISH FURNITURE CENTER, INC.**



Principal Place of Business Mailing Address  
**4849 N DIXIE HWY 4849 N DIXIE HWY**  
**FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334**



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1681255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**JOSEPHSEN, BIRGER**  
**4835 NE 12 TERR**  
**FORT LAUDERDALE, FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**ANDRESEN, MARY LIND**  
**2825 NE 24 CT**  
**FORT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**PETERSON, LISA A**  
**2825 NE 24 CT**  
**FORT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000848901  
03/20/08-80036-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: MaryLind Andersen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2008 94-563-9133  
Date Daytime Phone #