

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535415

Entity Name: FOAM FACTORY, INC.

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

3510 NW 53RD ST  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3510 NW 53RD ST  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-1759272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSHINSKY, LEONARD  
350 E. LAS OLAS BLVD  
SUITE 970  
FT. LAUDERDALE, FL 33301 US

**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: S ( ) Delete  
Name: REGENT, LORI  
Address: 3510 NW 53RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PD ( ) Delete  
Name: REGENT, STAN  
Address: 3510 NW 53RD STREET  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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.

SIGNATURE: STAN REGENT

PD

01/03/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date