

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 713327

1. Entity Name
**INTERNATIONAL FURNISHINGS AND DESIGN
ASSOCIATION, FLORIDA CHAPTER, INC.**



Principal Place of Business
**1361 N E 103RD ST
MIAMI SHORES, FL 33138**

Mailing Address
**902 CLINT MOORE ROAD
SUITE 200
BOCA RATON, FL 33487 US**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1197079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUHL, JOHN H
902 CLINT MOORE ROAD
SUITE 200
BOCA RATON, FL 33487**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000589342
01/18/07-80013-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RUHL, JOHN H
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 200
CITY - ST - ZIP	BOCA RATON, FL 33487

TITLE	P
NAME	PINTO, EDUARDO
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 200
CITY - ST - ZIP	BOCA RATON, FL 33487

TITLE	S
NAME	SAMEK, ZINA
STREET ADDRESS	10620 PLAINVIEW CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07
Date

561-962-2927
Daytime Phone #