


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90005 043 ****61.25

DOCUMENT # 736198					
1. Entity Name FLORIDA ASSOCIATION OF FURNITURE MANUFACTURERS, INC.					
Principal Place of Business 9016 FROUDE AVE. SURFSIDE FL 33154-3216 US			Mailing Address PO BOX 545946 SURFSIDE FL 33154-5946 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1735360	
				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 ARGOW, SANDRA 9016 FROUDE AVE. SURFSIDE FL 33154			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, PERRY		NAME	FERBER, STANLEY	
STREET ADDRESS	540 BRICKELL KEY DR #612		STREET ADDRESS	4401 N.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LEO		NAME		
STREET ADDRESS	255 NW 25TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMIS, DAN		NAME		
STREET ADDRESS	4800 NW 37TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERBER, STANLEY		NAME	SCHNEIDERMAN, PHIL	
STREET ADDRESS	4401 NW 37TH AVENUE		STREET ADDRESS	7900 S.W. 134TH STREET	
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	T	<input type="checkbox"/> Delete	TITLE	SIGN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIGSBERG, NATHAN		NAME	HERE	
STREET ADDRESS	1201 S OCEAN DR #701 N		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33019		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, CAMILO SR.		NAME		
STREET ADDRESS	4110 LAGUNA STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33146		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 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: Stanley Ferber 2-26-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E037 (11/03)