


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01172005 No Chg-NP CR2E037 (10/03)
		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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERBER, STANLEY 4401 NW 37TH AVE. MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTIN, LEO 255 NW 25TH ST MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KAMIS, DAN 4800 NW 37TH AVENUE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOHNEDERMAN, PHIL 7900 SW 134TH ST. MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KONIGSBERG, NATHAN 1201 S OCEAN DR #701 N HALLANDALE, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOPEZ, CAMILO SR. 4110 LAGUNA STREET MIAMI, FL 33146	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>President: [Signature]</i> 1-20-05 305.866.6601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		