2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# 736198

Entity Name: FLORIDA ASSOCIATION OF FURNITURE MANUFACTURERS, INC.

Current Principal Place of Business:

9016 FROUDE AVE.
SURFSIDE, FL 331543216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 545946
SURFSIDE, FL 331545946 US

New Mailing Address:

FEI Number: 59-1735360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGOW, SANDRA
9016 FROUDE AVE.
SURFSIDE, FL 33154 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KAMIS, DAN
Address: 4800 NW 37TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete
Name: FERBER, STANLEY
Address: 4401 NW 37TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: ST ( ) Delete
Name: SCHNEIDERMAN, PHIL
Address: 7900 SW 134TH ST.
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete
Name: KONIGSBERG, NATHAN
Address: 1201 S OCEAN DR #701 N
City-St-Zip: HALLANDALE, FL 33019

Title: T ( ) Delete
Name: LOPEZ, CAMILO SR.
Address: 4110 LAGUNA STREET
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ARGOW D 01/04/2008

Electronic Signature of Signing Officer or Director — Date