


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F03000003482</b> 1. Entity Name <b>DURALEE FINE FURNITURE, INC.</b>	
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Principal Place of Business <b>1775 5TH AVENUE BAY SHORE, NY 11706</b>	Mailing Address <b>1775 5TH AVENUE BAY SHORE, NY 11706</b>
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2352835</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SILBERMAN, LEONARD 1775 5TH AVENUE BAY SHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERGER, MARTIN 1775 5TH AVENUE BAY SHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILBERMAN, LEE 1775 5TH AVENUE BAY SHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILBERMAN, ROSALIE 1775 5TH AVENUE BAY SHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILBERMAN-BENJAMIN, AMY 1775 5TH AVENUE BAY SHORE, NY 11706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80007-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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

Date

Daytime Phone #