


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90330 002 ***150.00

DOCUMENT # G09342
 1. Entity Name
 FINE FURNITURE, INC.



Principal Place of Business
 3901 NW 19 ST
 LAUDERDALE LAKES, FL 33311 US

Mailing Address
 C/O JAKAR ENT., INC.
 3901 NW 19TH STREET
 LAUD LAKES, FL 33311 US

50037949



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-2248768

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBOUKREK, ISAAC
 3901 NW 19TH STREET
 LAUD LAKES, FL 33311

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 *Isaac Alboukrek* **ISAAC ALBOUKREK** DATE **4-14-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME ALBOUKREK, ISAAC
 STREET ADDRESS 18911 COLLINS AVE., #1703
 CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE Change Addition
 NAME
 STREET ADDRESS **1073 NW 121 Way**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 *Isaac Alboukrek* **ISAAC ALBOUKREK** DATE **4-14-05** 954-4864230
Signature and typed or printed name of signing officer or director Date Daytime Phone #