2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K11729

1. Entity Name
FURNITURE SYSTEMS PLUS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350527	P.O. BOX 350527
FT. LAUDERDALE, FL 33335-0527	FT. LAUDERDALE, FL 33335-0527

DO NOT WRITE IN THIS SPACE

02052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2699255	Not Applicable

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

6. Name and Address of Current Registered Agent

BERHANE, TSEGAI BEMNET
13154 SW 25TH PLACE
DAVIE, FL 33325

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	**9.** Election Campaign Financing	**$5.00** May Be	
After May 1, 2007 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BERHANE, TSEGAI BEMNET
STREET ADDRESS	P.O. BOX 350527 N/A
CITY-ST-ZIP	FT. LAUDERDALE, FL 333350527

TITLE	P
NAME	BERHANE, MEHRET
STREET ADDRESS	P.O. BOX 350527
CITY-ST-ZIP	FORT LAUDERDALE, FL 333350527

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000702869
04/20/07-80117-010 158.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/5/07   754-236-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #