

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K11729

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** FURNITURE SYSTEMS PLUS, INC.

**Current Principal Place of Business:**

1840 NW 65TH AVE.  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350527  
FT. LAUDERDALE, FL 333350527

**New Mailing Address:**

**FEI Number:** 59-2699255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERHANE, TSEGAI BEMNET  
13154 SW 25TH PLACE  
DAVIE, FL 33325 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  
Name: BERHANE, TSEGAI BEMNET  
Address: P.O. BOX 350527 N/A  
City-St-Zip: FT. LAUDERDALE, FL 333350527

Title: P  
Name: BERHANE, MEHRET  
Address: P.O. BOX 350527  
City-St-Zip: FORT LAUDERDALE, FL 333350527

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MH

P

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date