

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028610

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: FLORIDA FURNITURE EXPRESS, INC.

## Current Principal Place of Business:

440 N ARBOLEDA STREET  
CLEWISTON, FL 33440

## New Principal Place of Business:

460 NORTH ARBOLEDA STREET  
CLEWISTON, FL 33440 US

## Current Mailing Address:

12500 SW 5TH STREET  
DAVIE, FL 33325

## New Mailing Address:

460 NORTH ARBOLEDA STREET  
CLEWISTON, FL 33440 US

FEI Number: 65-0992658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HERNANDEZ, ANGEL SEC.  
12500 SW 5TH STREET  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

HERNANDEZ, ANGEL VP  
460 NORTH ARBOLEDA STREET  
CLEWISTON, FL 33440 US

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: ANGEL HERNANDEZ

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERNANDEZ, SANDRA M  
Address: 1700 NW 67 AVENUE, SUITE 340  
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete  
Name: HERNANDEZ, ILIANA  
Address: 440 N ARBOLEDA STREET  
City-St-Zip: CLEWISTON, FL 33440

Title: SEC (X) Delete  
Name: HERNANDEZ, ANGEL SEC  
Address: 440 N. ARBOLEDA STREET  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERNANDEZ, ILIANA PD  
Address: 460 NORTH ARBOLEDA STREET  
City-St-Zip: CLEWISTON, FL 33440 US

Title: SEC (X) Change ( ) Addition  
Name: HERNANDEZ, ANGEL SEC  
Address: 460 NORTH ARBOLEDA STREET  
City-St-Zip: CLEWISTON, FL 33440 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILIANA HERNANDEZ

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date