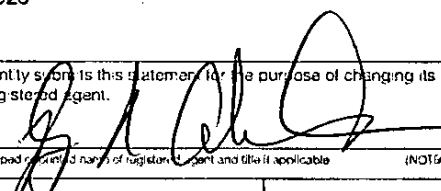
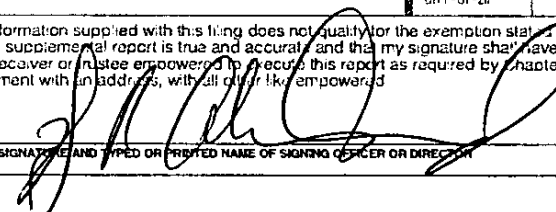


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90778 001 ***600.00

DOCUMENT # P01000023265 1. Entity Name FLORIDA FURNITURE GROUP, INC.			
Principal Place of Business 3935 NW 19TH ST LAUDERDALE LAKES, FL 33311		Mailing Address 3935 NW 19TH ST LAUDERDALE LAKES, FL 33311	
2. Principal Piece of Business 2580 ORANGE AVE		3. Mailing Address 2580 ORANGE AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FORT PIERCE FLA		City & State FORT PIERCE FLA	
Zip 34954		Zip 34954	
Country ST LUCIE		Country ST LUCIE	
4. FEI Number 65-1077621		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC 1290 WESTON ROAD SUITE 300 WESTON, FL 33226		7. Name and Address of New Registered Agent Name JAY ABANDOND Street Address (P.O. Box Number is Not Acceptable) 2580 ORANGE AVE City FORT PIERCE FL Zip Code 34954	
8. The above named entity signs 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  DATE 4/29/05 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)			
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 NAME STREET ADDRESS CITY - ST - ZIP	PTD ABANDOND, JAY 3935 NW 19TH ST LAUDERDALE LAKES, FL 33311	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2580 ORANGE AVE FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 I 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 707, Florida Statutes; and that my name appears in Block 11. If changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/29/05 Daytime Phone # 701-7334	