

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000077283	
1. Entity Name FURNITURE AMERICA CORPORATION	

Principal Place of Business 19600 S. DIKE HWY MIAMI, FL 33157	Mailing Address P.O. BOX 970588 MIAMI, FL 33197-0588
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DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1129545	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145

**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 resigning)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

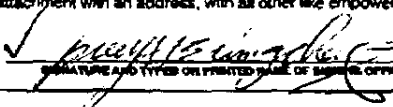
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHENG, RUEY S 8755 NORTHWEST 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YEN YU, JIN 8755 NORTHWEST 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEE YEH, SHAW 8755 NORTHWEST 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WANG, YIN-FOOK 8755 NORTHWEST 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HSIEH, DONG Y 8755 NORTHWEST 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: 

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

14-29-04 305-597-1188