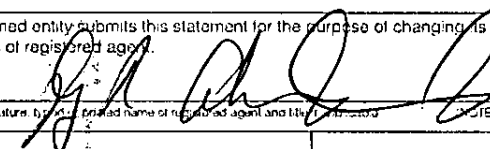
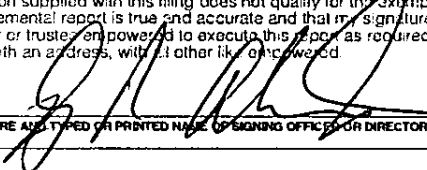


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90778 001 ***600.00

DOCUMENT # P01000086398 1. Entity Name FURNITURE SUPERMARKET, INC.					
Principal Place of Business 1939 NW POWERWIRE RD LAUDERDALE LAKES, FL 33311			Mailing Address 3935 NW 19TH STREET LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business 2580 ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 2580 ORANGE AVE Suite, Apt. #, etc.			
City & State Fort Pierce FL		City & State Fort Pierce FL		4. FEI Number 65-1138009	
Zip 34954		Country ST LUCIE		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAL INCORPORATION SERVICES, INC 1290 WESSON ROAD SUITE 300 WESTON, FL 33326				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 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  DATE 4/29/05					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABANDOND, JAY 3935 NW 19 STREET LAUDERDALE LAKES, FL 33311 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2580 ORANGE AVE Fort Pierce, FL 34954				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 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 information.					
SIGNATURE:  DATE 4/29/05 (954) 701 7334 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					