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	Mailing Address
1939 NW POWERWIRE RD LAUDERDALE LAKES, FL 33311	3935 NW 19TH STREET LAUDERDALE LAKES, FL 33311

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2580 ORANGE AVE	2580 ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE FLA	City & State: FORT PIERCE FLA
Zip: 34954 Country: ST LUCIE	Zip: 34954 Country: ST LUCIE

4. FEI Number 65-1138009 ☐ Applied For ☐ Not Applicable

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 ABANDONA
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 ________ 4/29/05
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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	PD ABANDOND, JAY 3935 NW 19 STREET LAUDERDALE LAKES, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2580 ORANGE AVE FORT PIERCE, FLA 34954	☐ 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 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: ________ 4/29/05 (954) 701 7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #