

AMENDED
2005 FOR PROFIT CORPORATION
ANNUAL REPORT

Reborn MAY 24 2005

FILED
 05 MAY 24 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000069247 1. Entity Name THE WHOLESALE FURNITURE CONNECTION, INC.					
Principal Place of Business 744 NW 5TH AVE FORT LAUDERDALE, FL 33311			Mailing Address PO BOX 1682 FORT LAUDERDALE, FL 33302		
2. Principal Place of Business 746 NW 5th AVE Suite, Apt. #, etc.		3. Mailing Address 15553 SW 16th STREET Suite, Apt. #, etc.			
City & State FORT LAUDERDALE, FL		City & State DAVIE, FL		4. FEI Number 42-1540900	
Zip 33311		Country BROWARD		Zip 33326	
Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOFORIS, RENA 15553 SW 16TH STREET DAVIE, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and the fee applicable (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP MOFORIS, RENA 15553 SW 16TH ST. DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	500055572183 06/01/05--01033--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY ST ZIP	P MOFORIS, KYRAKOS 15553 SW 16TH ST. DAVIE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S/T Rosann Ross 5049 N.W. 103rd Ave. Coral Springs, FL 33074	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 fees empowered.					
SIGNATURE: RENA MOFORIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/13/05 954-452-1050 Date Daytime Phone #		