

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091042

FILED
Feb 17, 2005
Secretary of State

Entity Name: CONTRACT FURNITURE SYSTEMS, INC.

Current Principal Place of Business:

1239 EAST NEWPORT CENTER DRIVE
SUITE 112
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1239 EAST NEWPORT CENTER DRIVE
SUITE 112
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 56-2288612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIMO, LAWRENCE
1239 EAST NEWPORT CENTER DRIVE
SUITE 112
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIMO, LAWRENCE
Address: 21236 TURQUOISE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: VOGEL, ROBERT
Address: 2624 NE 26TH PLACE
City-St-Zip: FT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE C. CIMO

PRES

02/17/2005

Electronic Signature of Signing Officer or Director

Date