2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000093396

1. Entity Name

FLORIDA FURNITURE SERVICE, INC.



Principal Place of Business

1740 COSTA DEL SOL BOCA RATON, FL 33432 Mailing Address

1740 COSTA DEL SOL BOCA RATON, FL 33432

FILED Apr 26, 2004 08:00 AM Secretary of State



04202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 55-0794076 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRAVEL, KURT A 1740 COSTA DEL SOL BOCA RATON, FL 33432

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			1			
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 primed name of inquizionical apear and title it applicable. (INCTE: Registered Agent eignature responsed when reinstating) DATE						
FILE NOWIN FEE IS \$150.00 After Way 1, 2004 Fee will be \$550.00 7 Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOKE, CHESTER J 1749 COSTA DEL SOL BOCA RATON, FL 33432				U00000132417	
TRILE NAME STREET ADDRESS CITY-ST-ZIP	SVD PRAVEL, KURT A 1740 COSTA DEL SOL BOCA RATON, FL 33432				04/27/04-80045-015 150.00	
title Name Street address City-St-Zip					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
title Name Street address City-St-ZP						
TITLE NAME STREET ADDRESS CITY-ST-JIP						
12. I hereby certify that the information supplied with this filling 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 oats; that I am an officer or director of the corporation or the receiver or bustee 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 gifter like empowered.						