

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013969

FILED
Feb 27, 2009
Secretary of State

Entity Name: CUSTOM FURNITURE CREATIONS, INC.

Current Principal Place of Business:

5201 NW 15TH ST BAY #C02
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5201 NW 15TH ST BAY #C02
MARGATE, FL 33063

New Mailing Address:

FEI Number: 32-0061662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHELAN, CHRIS
5201 NW 15TH ST BAY C02
MARGATE, FL 33063 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: RUSSO, MICHAEL
Address: 5201 NW 15TH ST BAY #C02
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: WHELAN, CHRIS
Address: 5201 NW 15TH ST BAY #C02
City-St-Zip: MARGATE, FL 33063

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 exemption stated in Chapter 119, 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: CHRIS WHELAN

VP

02/27/2009

Electronic Signature of Signing Officer or Director

Date