

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 041 ***150.00

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1. Entity Name
CORSON FURNITURE INTERNATIONAL, INC.



Principal Place of Business
**4112 PALM AIRE DRIVE WEST
POMPANO BEACH, FL 33069**

Mailing Address
**4112 PALM AIRE DRIVE WEST
123 B
POMPANO BEACH, FL 33069**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS, SUITE 208
8551 WEST SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE	D. - PRESIDENT
NAME	CORSON, JILL
STREET ADDRESS	4112 PALM AIRE DRIVE WEST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D.
NAME	CORSON, LEE A
STREET ADDRESS	4112 PALM AIRE DRIVE WEST
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SECRETARY
NAME	NANCY SCHWARTZ
STREET ADDRESS	64 WEST 15 STREET, APT 2E
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jill Corson* *LEE CORSON* *DIRECTOR* *4-25-05* *954-977-2986*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #