

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152148

FILED
Jan 16, 2009
Secretary of State

Entity Name: CORSON FURNITURE INTERNATIONAL, INC.

Current Principal Place of Business:

4112 PALM AIRE DRIVE WEST
POMPANO BEACH, FL 33069

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-0487019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS, SUITE 208
8551 WEST SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33322 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: P () Delete
Name: CORSON, JILL
Address: 4112 PALM AIRE DRIVE WEST
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: CORSON, LEE A
Address: 4112 PALM AIRE DRIVE WEST
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: SCHWARTZ, NANCY
Address: 64 WEST 15 STREET APT 2E
City-St-Zip: NEW YORK, NY 10011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SCHWARTZ, NANCY
Address: 871 SENECA ROAD
City-St-Zip: FRANKLIN LAKES, NJ 07417

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: LEE A. CORSON

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date