

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90006 022 \*\*\*150.00  
P04000014995

DOCUMENT # P04000014995	
1. Entity Name IMAGINE FURNITURE INC.	



**FILED**  
**Jul 29, 2005 8:00 A.M.**  
**Secretary of State**

Principal Place of Business 2401 N. 21ST AVENUE HOLLYWOOD, FL 33020	Mailing Address 2209 S. CYPRESS BEND DRIVE 407 POMPANO BEACH, FL 33069
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2. Principal Place of Business 854 S. Andrews Avenue Suite, Apt. #, etc.	3. Mailing Address 854 S. Andrews Avenue Suite, Apt. #, etc.
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05102005 Chg-P CR2E034 (10/03)

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33069	Zip 33069
Country USA	Country USA

4. FEI Number 14-1917077	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAYMOND, MARTIN 2209 S. CYPRESS BEND DRIVE 407 POMPANO BEACH, FL 33069	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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] 7/5/05  
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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND, MARTIN 2209 S. CYPRESS BEND DRIVE, SUITE 407 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 7/5/05 954-920-1777  
Signature and typed or printed name of signing officer or director Date Daytime Phone #