

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90028 050 ***150.00

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1. Entity Name
FURNITURE ENTERPRISES OF THE PALM BEACHES,
INC.



Principal Place of Business
1801 PALM BEACH LAKES BLVD.
SUITE 470
WEST PALM BEACH, FL 33402 US

Mailing Address
1801 PALM BEACH LAKES BLVD.
SUITE 470
WEST PALM BEACH, FL 33402 US

40018770



DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3822312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VENTURA, JASON B
1801 PALM BEACH LAKES BLVD.
SUITE 470
WEST PALM BEACH, FL 33402

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
VENTURA, JASON B
1801 PALM BEACH LAKES BLVD., SUITE 470
WEST PALM BEACH, FL 33402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #