

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000082559

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC FURNITURE OF BROWARD INC.

**Current Principal Place of Business:**

1511 NW 125 AVE  
SUNRISE, FL 33323

**New Principal Place of Business:**

1511 NW 125 AVE  
304  
SUNRISE, FL 33323 US

**Current Mailing Address:**

1511 NW 125 AVE  
SUNRISE, FL 33323

**New Mailing Address:**

1511 NW 125 AVE  
304  
SUNRISE, FL 33323 US

**FEI Number:** 27-4357924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABDALLA, BUTHAINA  
1511 NW 125 AVE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

ABDALLA, BUTHAINA  
1511 NW 125 AVE  
304  
SUNRISE, FL 33323 US

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: BUTHAINA ABDALLA

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ABDALLA, BUTHAINA  
Address: 1511 NW 125 AVE  
City-St-Zip: SUNRISE, FL 33323 US

I hereby 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 all other like empowered.

SIGNATURE: BUTHAINA ABDALLA

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date