


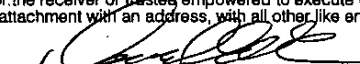


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90080 004 \*\*\*150.00

<b>DOCUMENT # P93000014201</b> 1. Entity Name <b>SAV-ON FURNITURE OF POMPANO BEACH, INC</b>					
Principal Place of Business <b>2900 W SAMPLE RD BAY 76 POMPANO BCH, FL 33073 US</b>			Mailing Address <b>2900 W SAMPLE RD BAY 76 POMPANO BCH, FL 33073 US</b>		
2. Principal Place of Business <b>2900 W Sample Road Suite Apt. #, etc. Bay 68</b>		3. Mailing Address <b>2900 W Sample Road Suite Apt. #, etc. Bay 68</b>			
City & State <b>Pompano Beach FL</b>		City & State <b>Pompano Beach FL</b>		4. FEI Number <b>65-0391473</b>	
Zip <b>33073</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KATZ, ARNOLD E 23314 LAVIDA WAY BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6123 CALADIUM ROAD</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATZ, ARNOLD E</b> <b>23314 LAVIDA WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6123 CALADIUM ROAD</b> <b>Delray Beach, FL 33484</b>	<input checked="" 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.					
<b>SIGNATURE:</b>  <b>ARNOLD E. KATZ</b> <b>2/16/05</b> <b>954975</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					