

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000041108

Entity Name: 95 SHOWROOM CORP.

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

RENEE 95 SHOWROOM  
820 S.W. 12TH AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

RENEE 95 SHOWROOM  
820 S.W. 12TH AVENUE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 65-0433359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZONENSHINE, RENEE  
820 SW 12TH AVE  
POMPANO BEACH, FL 33069 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRAUSER, BERNICE  
Address: 820 SW 12 AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: STD  
Name: ZONENSHINE, RENEE  
Address: 820 SW 12 AVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP  
Name: MENINNO, ROBERT  
Address: 820 SW 12 AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

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: RENEE ZONENSHINE

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03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date