

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023773

Entity Name: A.C. FURNITURE CORP.

FILED  
May 06, 2009  
Secretary of State

## Current Principal Place of Business:

BELLINI FURNITURE  
50 MIRACLE MILE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

BELLINI FURNITURE  
50 MIRACLE MILE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-0664301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, ALLAN M  
50 MIRACLE MILE  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: COHEN, ALLAN  
Address: 883 CAPTIVA DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: COHEN, CAROL  
Address: 4301 SANDERS STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: COHEN, STANLEY  
Address: 4301 SANDERS STREET  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLAN COHEN

Electronic Signature of Signing Officer or Director

PRES

05/06/2009

\_\_\_\_\_ Date