

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90310 009 ***150.00

DOCUMENT # P96000076406 1. Entity Name FUTONS & FURNITURE WAREHOUSE, INC.					
Principal Place of Business 515 FERGUSON DR ORLANDO, FL 32805			Mailing Address 515 FERGUSON DR ORLANDO, FL 32805		
2. Principal Place of Business 5393 WEST COLONIAL DR Suite, Apt. #, etc.		3. Mailing Address 5393 WEST COLONIAL DRIVE Suite, Apt. #, etc.			
City & State ORLANDO FLORIDA Zip 32808		City & State ORLANDO FLORIDA Zip 32808		4. FEI Number 65-0694119 Applied For ☐ Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UDDEEN, AZEEZ 515 FERGUSON DR. ORLANDO, FL 32805			7. Name and Address of New Registered Agent Name UDDEEN, AZEEZ Street Address (P.O. Box Number is Not Acceptable) 5393 WEST COLONIAL DRIVE City ORLANDO FL Zip Code 32808		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDDEEN, AZEEZ 515 FERGUSON DR. ORLANDO, FL 32805	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDDEEN, AZEEZ 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGU, AWARD NARINE 515 FERGUSON DR. ORLANDO, FL 32805	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGU, AHAD NARINE 5393 WEST COLONIAL DRIVE ORLANDO FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE:  AHAD FAGU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-25-05 4072990806 Date Daytime Phone #		