

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000076406 1. Entity Name FUTONS & FURNITURE WAREHOUSE, INC.					
Principal Place of Business 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808			Mailing Address 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0694119	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UDDEEN, AZEEZ 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGU, AWAD NARINE 5393 WEST COLONIAL DRIVE ORLANDO, FL 32808	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UDDEEN, HAFIZ 5393 W COLOINAL DR ORLANDO, FL 32808	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  AWAD. N. FAGU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
1-31-07			407 2990806		