


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 038 ***150.00

DOCUMENT # P98000061195			
1. Entity Name FURNITURE & ACCESSORIES, INC.			
Principal Place of Business 2980 FEDERAL HWY BOCA RATON FL 33431		Mailing Address 2980 FEDERAL HWY BOCA RATON FL 33431	
2. Principal Place of Business - No P.O. Box # 7400 NORTH FEDERAL HWY. #B-4 BOCA RATON, FL 33487 PH. 561-391-9190		3. Mailing Address 7400 NORTH FEDERAL HWY. #B-4 BOCA RATON, FL 33487 PH. 561-391-9190	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBBINS, JON 350 E. LAS OLAS BLVD., STE. 1600 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registering.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P COLE, JANET 18181 N.E. 31 CT AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Janet Cole* **JANET Cole, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 **561-391-9190**
Date Daytime Phone #