## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # P99000070058

## **FILED** Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90135 013 \*\*\*150.00

1. Entity Nan JOE GRU		FURNITURE SPE	ECIALIST, INC.				• -	03-20-2000 9	0155 01	3 130.	00
Principal Plac	ce of Busine	SS	Mailing Address								_
1845 SW 4T	TH AVE		1845 SW 4TH AVE						<b>5</b> 0(	10653	8
A12 Delray bea	VUT E1 33	111	A12 Delray Beach, FL 33	2444							
DECIMI DEF	noii, it Jo	747	DELINAT DEAGN, FL 33	3444			HARAMEN A				
2. Principal F			3. Mailing Address								
1865 Sc		VE	1865 5W 4 th Ave				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n 1814 18111 BERT BERT B	emi wasii ibati i	I DIŅI M DINI MARI II	EARS 11 (EE)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006	Chg-P	CR2E	034 (11/05)	
City & Sta	ite		City & State				4. FEI Numb	or.	<del>.</del>		pplied For
DelRAY F		FL	DELRAY BEACH	FL	-		65-094	_		<del></del>	ot Applicable
Zip	,	Country	Zip	Coun	try	Ш		of Status Desired		\$8.75 Ad	
33444		palm Banch	33444	PAIN	n BeAC	Ĺι	<u> </u>			Fee Require	
	6, Nam	e and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered	Agent	·
GRUNY, JOSEPH					Hame						
10691 CAMBAY DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
BOANTON	N BEACH	, FL 33437								<del></del>	
		·			City				FI	Zip Cod	de
8. The above	e named ent	ity submits this statement f	or the purpose of changing its	registere	ed office or r	egister	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
the obliga	itions of regis	stered agent.			, .	J			- /	1.	
SIGNATURE.		Jan (V)	president		DE G	iver	<i>ب</i> د		3/12	106	
	Signature, type	d or printed name of registered agen	and title if applicable. (NGT)	E Registered	Agent signature	required	when reinstating)		/ DATE		
FIL After M	.E NOW!!! ay 1, 200	/   FEE IS \$150.00  6 Fee will be \$550.	9. Election Campa  Trust Fund Cont		icing		00 May Be ed to Fees		_	•	
10.	<u> </u>	OFFICEDS AND	DIRECTORS	144			ADDITIONO	(0) 14 10 50 70 05	-		- · · · · ·
TITLE	PSTD	OFFICERS AND	Delete	11.	<del> </del>		ADDITIONS,	CHANGES TO OF	FICERS AN		
NAME		JOSEPH	LT Delete	NAME	I .					☐ Change	☐ Addition
STREET ADDRESS	10691 C	AMBAY DRIVE	<u>.</u> :	STRE	ET ADDRESS						
CITY-ST-ZIP	BOYNTO	N BEACH, FL 33437	1.	CITY	-ST-ZIP						
TITLE	VP		Delete	TITLE	I .					☐ Change	Addition
NAME STREET ADDRESS	GRUNY,	RENEE AMBAY DRIVE	•	NAME							
CITY-ST-ZIP	1	N BEACH, FL 33437			ET ADORESS ST-ZIP						
TITLE			☐ Delete	TITLE	——					☐ Change	Addition
NAME			L Dekte	NAMI						Change	Manifoli
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP						
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STREET ADDRESS				NAME							
CITY-ST-ZIP					ET ADORESS ST-ZIP						
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NAME				NAME	1			-		- Cuantite	
STREET ADDRESS	1				1						
STREET ADDRESS	1			STRE	ET ADDRESS						
CITY+ST-ZIP		-			ET ADDRESS ST-ZIP						

12. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

56/265-1890 Daytime Phone #