

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90033 003 \*\*\*150.00

<b>DOCUMENT # P99000070058</b>					
<b>1. Entity Name</b> JOE GRUNY THE FURNITURE SPECIALIST, INC.					
<b>Principal Place of Business</b> 1865 SW 4TH AVE D-9 DELRAY BEACH, FL 33444			<b>Mailing Address</b> 1865 SW 4TH AVE D-9 DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business - No P.O. Box #</b> 605 SE 1 <sup>st</sup> AVE		<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite C			
<b>City &amp; State</b> DELRAY BEACH FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0940587	
<b>Zip</b> 33444		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRUNY, JOSEPH 10691 CMBAY DRIVE BOYNTON BEACH, FL 33437			<b>7. Name and Address of New Registered Agent</b> Name: JOE GRUNY Street Address (P.O. Box Number is Not Acceptable): 605 SE 1 <sup>st</sup> AVE Suite C City: DELRAY BEACH FL Zip Code: 33444		
<b>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.</b> SIGNATURE:  DATE: 8/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUNY, JOSEPH 10691 CMBAY DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #