

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097448

FILED
Apr 21, 2005
Secretary of State

Entity Name: PROMOTION FURNITURE WAREHOUSE, INC.

Current Principal Place of Business:

13850 NW 27TH AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

329 SW 120 AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

2011 SW 148 AVE
MIRAMAR, FL 33027

FEI Number: 65-0962695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAL, NEETA
2011 SW 148TH AVE.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAL, NEETA
Address: 2011 SW 148TH AVE.
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: ALLLY, AMJAD
Address: 2011 SW 148 AVE.
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLY, AMJAD
Address: 2011 SW 148 AVE.
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMJAD ALLY JR

D

04/21/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date