


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 021 ***150.00

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DOCUMENT # V19483			
1. Entity Name CONTEMPORARY FURNITURE OUTLET OF BOCA RATON, INC.		Mailing Address % FERDINANDO P. COCOZZELLI SR 406 N 56TH AVE HOLLYWOOD, FL 33021	
Principal Place of Business % FERDINANDO P. COCOZZELLI SR 406 N 56TH AVE HOLLYWOOD, FL 33021		Mailing Address % FERDINANDO P. COCOZZELLI SR 406 N 56TH AVE HOLLYWOOD, FL 33021	
2. Principal Place of Business 318 N. O ST Suite, Apt. #, etc.	3. Mailing Address 318 N. O ST Suite, Apt. #, etc.	01142006 Chg-P	CR2E034 (11/05)
City & State LAKE WORTH FL	City & State LAKE WORTH FL	4. FEI Number 65-0482482	Applied For Not Applicable
Zip 33460	Country USA	Zip 33460	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent COCOZZELLI, FERDINANDO P. SR 318 NORTH O STREET LAKE WORTH, FL 33460		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D COCOZZELLI, FERDINANDO P 318 NORTH O STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCOZZELLI, SANDRA 318 NORTH O STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCOZZELLI, FRED P. JR 318 NORTH O STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Fred Cocozzelli</i>		Date: 1/16/06 561.533-9419	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRED COCOZZELLI		Date Daytime Phone #	