

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # V19483

1. Entity Name
**CONTEMPORARY FURNITURE OUTLET OF BOCA
RATON, INC.**



Principal Place of Business
**% FERDINANDO P. COCOZZELLI SR
318 N. O ST
LAKE WORTH, FL 33460**

Mailing Address
**% FERDINANDO P. COCOZZELLI SR
318 N. O ST
LAKE WORTH, FL 33460**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0482482 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COCOZZELLI, FERDINANDO P. SR
318 NORTH O STREET
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000738911
01/30/08-80048-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCOZZELLI, FERDINANDO P 318 NORTH O STREET LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCOZZELLI, SANDRA 318 NORTH O STREET LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCOZZELLI, FRED P. JR 318 NORTH O STREET LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Ferdinando P. Cocozzelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

1/14/08
Date Daytime Phone #