

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005982

Entity Name: NULAB FURNITURE CORP.

FILED  
Mar 09, 2009  
Secretary of State

**Current Principal Place of Business:**

11 FEDERAL RD  
MONROE TWP, NJ 08831 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 FEDERAL RD  
MONROE TWP, NJ 08831 US

**New Mailing Address:**

FEI Number: 22-3004290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBSON, WILLIAM ESQ.  
105 SO. NARCISSUS AVE., SUTIE 507  
WEST PALM BEACH, FL 33401 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: CT ( ) Delete  
Name: DITRINGO, FRANCINE  
Address: 17 CARLETON DR  
City-St-Zip: FREEHOLD, NJ 07728

Title: P ( ) Delete  
Name: DITRINGO, ANTHONY  
Address: 17 CARLETON DR  
City-St-Zip: FREEHOLD, NJ 07728

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANCINE DITRINGO

CT

03/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date