

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90104 024 ***150.00

DOCUMENT # 451397 1. Entity Name FLOOR STYLES INC.					
Principal Place of Business 253 NE 69TH STREET MIAMI, FL 33138			Mailing Address 253 NE 69TH STREET MIAMI, FL 33138		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1534859	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KURZBAN, MARVIN, ESQUIRE 2650 S.W. 27 AVE. MIAMI, FL 33133					
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, CONSTANCE 16298 NW 11 ST. PEMBROKE PINES, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL PEREZ 10920 S.W. 12 ST. Pembroke Pines, FL.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KARANICAS, ULDINE 12687 NW 14 ST. SUNRISE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Laurette Perez 16298 N.W. 11 ST. Pembroke Pines, FLA.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>Uldine Karanicas</u> <u>ULDINE KARANICAS</u> 4-20-06 (305) 754 6241 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					