2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90037 030 ***150.00

DOCUMENT # H76270

1. Entity Name

AVID FLOOR MAINTENANCE, INC.

Principal Place of Business	Mailing Address
321 NORTHLAKE BLVD., SUITE 216 NORTH PALM BEACH FL 33408	321 NORTHLAKE BLVD., SUITE 216 NORTH PALM BEACH FL 33408

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1201 US HIGHWAY ONE	1201 US HIGHWAY ONE
Suite, Apt. #, etc.: SUITE 405	Suite, Apt. #, etc.: SUITE 405
City & State: NORTH PALM BEACH FL.	City & State: NORTH PALM BEACH FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. FEI Number 59-2582891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLOMON, DAVID 321 NORTHLAKE BLVD., SUITE 216 NORTH PALM BEACH FL 33408-2410	Name: ANITA OR DAVID SOLOMON Street Address (P.O. Box Number is Not Acceptable): 1201 US HIGHWAY ONE SUITE 405 City: NORTH PALM BEACH FL Zip Code: 33408

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: Anita Solomon VICE PRES. 1-28-08
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLOMON, DAVID		NAME	
STREET ADDRESS	14530 CYPRESS ISLAND CIR		STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLOMON, ANITA		NAME	
STREET ADDRESS	14530 CYPRESS ISLAND CIR		STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anita Solomon ANITA SOLOMON VICE PRES. 1-28-08 561-691-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #