

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048413

**FILED**  
**May 12, 2005**  
**Secretary of State**

**Entity Name:** INTERIOR FLOORING SOLUTIONS, INC.

**Current Principal Place of Business:**

5365 HIATUS RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

700 ATLANTIS ROAD  
307  
MELBOURNE, FL 32904

**Current Mailing Address:**

11641 NW 33 STREET  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 59-3646503      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DEMARZO, CHARITY  
11641 NW 33 STREET  
SUNRISE, FL 33323      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:            D            ( ) Delete  
Name:            DEMARZO, STEVEN  
Address:        11641 NW 33 STREET  
City-St-Zip:    SUNRISE, FL 33323

Title:            D            ( ) Delete  
Name:            DEMARZO, CHARITY  
Address:        11641 NW 33 STREET  
City-St-Zip:    SUNRISE, FL 33323

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

Title:            PRES        (X) Change ( ) Addition  
Name:            DEMARZO, STEVEN  
Address:        11641 NW 33 STREET  
City-St-Zip:    SUNRISE, FL 33323

Title:            VP            (X) Change ( ) Addition  
Name:            DEMARZO, CHARITY  
Address:        11641 NW 33 STREET  
City-St-Zip:    SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARITY DEMARZO

VP

05/12/2005

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

\_\_\_\_\_ Date