

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90231 017 \*\*\*150.00

DOCUMENT # P01000105176

1. Entity Name

SIGNATURE FLOORING BY S INC.



Principal Place of Business

1100 NORTH FL MONGO RD  
 STE F  
 WEST PALM BEACH FL 33409

Mailing Address

10186 MIKADO LN  
 ROYAL PALM BCH FL 33411

14021634



MOORE CR2E034 (11/03)

2. Principal Place of Business

1100 N. Florida Mango Rd.

Suite, Apt. #, etc.

F

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

65-1155092

Applied For

Not Applicable

Zip

33409

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OZCAN, ONGEL  
 10188 MIRADO LN  
 WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10186 Mikado Lane

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

*[Signature]*

OZCAN ONGEL - President

4/29/04

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, 2004: 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

TITLE	VT	<input type="checkbox"/> Delete
NAME	ONGEL, AHMET	
STREET ADDRESS	10186 MIKADO LN	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	P	<input type="checkbox"/> Delete
NAME	OZACN, ONGEL	
STREET ADDRESS	10186 MICADO LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KAHVER, ZIVER	
STREET ADDRESS	1360 MICADO CHASE	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	S Feyman Demir	<input type="checkbox"/> Delete
NAME	FAYMAN, DENNIS	
STREET ADDRESS	2731 N ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	T Kirsten	<input type="checkbox"/> Delete
NAME	ONGEL, KRISTIN	
STREET ADDRESS	10186 MICADO LN #	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feyman Demir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ongel, Kirsten	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]*

Ahmet Ongel

4/29/04

561-616-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #