

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155746

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: IVO FLOOR COVERING, INC.

## Current Principal Place of Business:

2403 TED AVENUE SOUTH  
LEHIGH ACRES, FL 33973

## New Principal Place of Business:

4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973

## Current Mailing Address:

2403 TED AVENUE SOUTH  
LEHIGH ACRES, FL 33973

## New Mailing Address:

4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973

FEI Number: 20-0501823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
11601 S CLEVELAND AVE  
6  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

SILVA, IVO  
4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973 US

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: IVO SILVA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVA, IVO V  
Address: 2403 TED AVE S  
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D ( ) Delete  
Name: DA SILVA, ANGELIM G  
Address: 2403 TED AVE S  
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D ( ) Delete  
Name: DA SILVA, ELIOMAR F  
Address: 2403 TED AVENUE SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33973

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA, IVO V  
Address: 4891 GOLFVIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D (X) Change ( ) Addition  
Name: DA SILVA, ANGELIM G  
Address: 4891 GOLFVIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D (X) Change ( ) Addition  
Name: DA SILVA, ELIOMAR F  
Address: 4891 GOLFVIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33973

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: IVO SILVA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date