

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155746

FILED  
Feb 24, 2012  
Secretary of State

Entity Name: IVO FLOOR COVERING, INC.

**Current Principal Place of Business:**

4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973

**New Principal Place of Business:**

**Current Mailing Address:**

4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973

**New Mailing Address:**

FEI Number: 20-0501823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA, IVO  
4891 GOLFVIEW BLVD  
LEHIGH ACRES, FL 33973 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

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: ALFARO, ERICK RONALD R  
Address: 1771 RED CEDAR DR 11  
City-St-Zip: FT MYERS, FL 33907 US

I hereby 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 all other like empowered.

SIGNATURE: IVO SILVA

P

02/24/2012

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

\_\_\_\_\_ Date