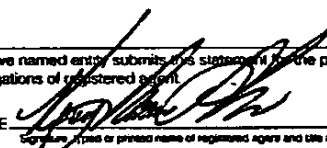
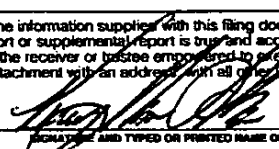


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

7. Aug 08, 2005 8:00 am
Secretary of State

07-11-2005 90198 035 ***150.00

DOCUMENT # P04000015388					
1. Entity Name FLORES TRIM'S TILE DECKS, INC.					
Principal Place of Business 5517 MARSHA DR MILTON, FL 32570			Mailing Address 5517 MARSHA DR MILTON, FL 32570		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 582683864	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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:  DATE: 7-6-05					
(NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS 150.00 Due by September 7, 2005		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	DPT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FLORES, KERRY RAMON		NAME		
STREET ADDRESS	5517 MARSHA DR		STREET ADDRESS		
CITY - ST - ZIP	MILTON, FL 32570		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FLORES, JANET L		NAME		
STREET ADDRESS	5517 MARSHA DR		STREET ADDRESS		
CITY - ST - ZIP	MILTON, FL 32570		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		
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 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 persons empowered.					
SIGNATURE:  DATE: 7-6-05					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					