FILED 2006 FOR PROFIT CORPORATION Apr 21, 2006 08:00 AM Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P04000040630 1. Entity Name GENERAL FLOOR SERVICE INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 11265 SW 50 STREET 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FL 56<u>-2441104</u> Not Applicable Zlp Country Country Zip \$8.75 Additiona 5. Certificate of Status Desired 33165 Fee Required 7. Name and Address of Current Registered Agent Name RODRIGUEZ, JORGE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code MAM 33165 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Election Campaign Financing \$5.00 May 8e Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE TITLE RODRIGUEZ, JORGE NAME NAME STREET ADDRESS 11265 SW 50 STREET STREET ADDRESS U00000523277 MIAMI, FL 33165 CITY-ST-ZIP CITY-ST-ZIP DS/03/DS-80063-015-150.00 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS

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 eath; 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 on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further

STREET ADDRESS

CITY-ST-ZIP

VOLTUBELLE: JORGE RODRIGUEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #