2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90047 003 ***150.00

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1. Entity Name
DETTMAN FLOORING INC

Principal Place of Business	Mailing Address
2917 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308-7511	2917 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308-7511

03172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4751 CASON COVE DR		4751 CASON COVE DR	
Suite, Apt. #, etc. # 2017		Suite, Apt. #, etc. # 2017	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32811	Country	Zip 32811	Country

4. FEI Number 14-1904275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE OLIVEIRA, HENRIQUE D 2917 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308-7511	Name HENRIQUE DETTMAN OLIVEIRA Street Address (P.O. Box Number is Not Acceptable) 4751 CASON COVE DR # 2017 City ORLANDO FL Zip Code 32811

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] HENRIQUE DETTMAN OLIVEIRA 3/17/05
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, 2005 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE OLIVEIRA, HENRIQUE D 2917 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 333087511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRIQUE DETTMAN OLIVEIRA 4751 CASON COVE DR # 2017 ORLANDO FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVEIRA, ROBERTO 2917 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 333087511	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] HENRIQUE DETTMAN OLIVEIRA 3/17/05 (954) 448-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #