

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127971

Entity Name: M & E FLOOR COVERING, INC.

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

4299 BELLASOL CR  
#2614  
FORT MYERS, FL 33916 US

## New Principal Place of Business:

1022 ALLMAN AV.  
LEHIGH ACRES, FL 33971 US

## Current Mailing Address:

4299 BELLASOL CR  
#2614  
FORT MYERS, FL 33916 US

## New Mailing Address:

1022 ALLMAN AV.  
LEHIGH ACRES, FL 33971 US

FEI Number: 20-3490716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DA SILVA, MARCELA  
4299 BELLASOL CIRCLE  
#2614  
FORT MYERS, FL 33916 US

## Name and Address of New Registered Agent:

DA SILVA, MARCELA  
1022 ALLMAN AV.  
LEHIGH ACRES, FL 33971 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: MARCELA DASILVA

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DA SILVA, MARCELA  
Address: 4299 BELLASOL CR, #2614  
City-St-Zip: FORT MYERS, FL 33916

Title: VP ( ) Delete  
Name: MENDES, ELIADE  
Address: 4299 BELLASOL CR, #2614  
City-St-Zip: FORT MYERS, FL 33916

Title: S ( ) Delete  
Name: DA COSTA, JOSE  
Address: 12740 EQUESTRIAN CIRCLE #2903  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DA SILVA, MARCELA  
Address: 1022 ALLMAN AV.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Change ( ) Addition  
Name: MENDES, ELIADE  
Address: 1022 ALLMAN AV.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARCELA DASILVA

MS

04/25/2007

Electronic Signature of Signing Officer or Director

Date