2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90077 037 ***150.00

DOCUMENT # P06000013327

1. Entity Name
MAG'S FLOORING, INC.

Principal Place of Business	Mailing Address
1727 LEE STREET #2 HOLLYWOOD, FL 33020	1727 LEE STREET #2 HOLLYWOOD, FL 33020

03262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 1449 N 14th WAY		3. Mailing Address 1449 N 14th WAY	
Suite, Apt. #, etc. APT #104		Suite, Apt. #, etc. APT. 104	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33020	Country U.S.A	Zip 33020	Country U.S.A

4. FEI Number 20-4331944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSTIN, MAGDIEL
1727 LEE STREET #2
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name COSTIN, MAGDIEL
Street Address (P.O. Box Number is Not Acceptable)
1449 N 14th WAY #104
City HOLLYWOOD FL Zip Code 33020

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] COSTIN, MAGDIEL 03/26/07
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, 2007 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	PS COSTIN, MAGDIEL 1727 LEE STREET #2 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COSTIN MAGDIEL 1449 N 14th WAY #104 HOLLYWOOD, FL 33020	☒ 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
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 exemptions contained 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 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] COSTIN, MAGDIEL PRESIDENT 03/26/07 (954)588-1764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #