


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000093321

1. Entity Name
T.H.S FLOORING INC.



Principal Place of Business
**2800 N.E 11TH. TERRACE
 POMPANO BEACH FL 33064**

Mailing Address
**2800 N.E 11TH. TERRACE
 POMPANO BEACH FL 33064**



2. Principal Place of Business - No P.O. Box #
2800 NE 11 TERRACE

3. Mailing Address
2800 NE 11 TERRACE

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33064

Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUZA, TIAGO
 2800 N.E 11TH. TERRACE
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **TIAGO DE SOUZA**

Street Address (P.O. Box Number is Not Acceptable)
2800 NE 11 TERRACE

City **POMPANO BEACH FL** Zip Code **33064**

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 *Tiago de Souza* DATE 2-20-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUZA, TIAGO 2800 N.E 11TH. TERRACE POMPANO BEACH FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000733900 Change Addition
 05/09/07-80106-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Tiago de Souza* DATE: 2-20-07 (9547037641)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR