I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect oath; that I am an officer or director of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower or trustee empo		
above, or on an attachment with all other like empowered.		
SIGNATURE: LI OHAD S BENCOMO	DIRECTOR	04/30/2018

SIGNATURE: LLOHAD S BENCOMO

I

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :				
Title	D	Title	VP	
Name	BENCOMO, LLOHAD S	Name	APONTE, ELSYBEL AYMARA	
Address	445 ALEXANDRIA PLACE DRIVE	Address	445 ALEXANDRIA PLACE DRIVE	
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712	
Title	SUPERVISOR			
Name	BENCOMO, LLONEL ENRIQUE			
Address	445 ALEXANDRIA PLACE DRIVE			
City-State-Zip:	APOPKA FL 32712			

Electronic Signature of Registered Agent

BENCOMO, LLOHAD S 445 ALEXANDRIA PLACE DRIVE APOPKA, FL 32712 US

**Current Principal Place of Business:** 445 ALEXANDRIA PLACE DRIVE APOPKA, FL 32712

## **Current Mailing Address:**

445 ALEXANDRIA PLACE DRIVE APOPKA, FL 32712 US

# FEI Number: 27-3843793

# Name and Address of Current Registered Agent:

DOCUMENT# P10000089717

### Entity Name: CONTEMPORARY FLOORING AND RENOVATIONS INC.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# FILED Apr 30, 2018 Secretary of State CC4202704662

Date

Certificate of Status Desired: No

Date

DIRECTOR