2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90037 030 ***150.00

DOCUMENT # H76270

1. Entity Name
AVID FLOOR MAINTENANCE, INC.

Principal Place of Business
321 NORTHLAKE BLVD., SUITE 216
NORTH PALM BEACH FL 33408

Mailing Address
321 NORTHLAKE BLVD., SUITE 216
NORTH PALM BEACH FL 33408

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 1201 US HIGHWAY ONE
Suite, Apt. #, etc.: SUITE 405
City & State: NORTH PALM BEACH FL.
Zip: 33408 Country: USA

3. Mailing Address: 1201 US HIGHWAY ONE
Suite, Apt. #, etc.: SUITE 405
City & State: NORTH PALM BEACH FL
Zip: 33408 Country: USA

4. FEI Number: 59-2582891 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
SOLOMON, DAVID
321 NORTHLAKE BLVD., SUITE 216
NORTH PALM BEACH FL 33408-2410

7. Name and Address of New Registered Agent
Name: ANITA OR DAVID SOLOMON
Street Address (P.O. Box Number is Not Acceptable): 1201 US HIGHWAY ONE
SUITE 405
City: NORTH PALM BEACH FL Zip Code: 33408

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: Anita Solomon VICE PRES. 1-28-08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PD	☐ Delete
NAME	SOLOMON, DAVID	
STREET ADDRESS	14530 CYPRESS ISLAND CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	VSD	☐ Delete
NAME	SOLOMON, ANITA	
STREET ADDRESS	14530 CYPRESS ISLAND CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Anita Solomon ANITA SOLOMON VICE PRES. 1-28-08 561-691-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #