2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# L00000013636

Entity Name: FLOOR WORX, LLC

Current Principal Place of Business:

21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1053252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BADELL, JATNIEL L
21113 JOHNSON STREET
114
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARDILA, HERNANDO
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: BADELL, JATNIEL L
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: RIVIERE, ARMANDO
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: RIVIERE, ADRIANA
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete
Name: PAZOS, FLORA
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete
Name: VALOIS, JUAN
Address: 21113 JOHNSON STREET #114
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FLORA PAZOS   MGR   05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date