

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 013 ***150.00

DOCUMENT # M01469 1. Entity Name EAST COAST FLOORING, INC.					
Principal Place of Business 7553 N.W. 50 ST MIAMI, FL 33166 US				Mailing Address 7553 N.W. 50 ST MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # 7601 N.W. 50 Street		3. Mailing Address 7601 N.W. 50 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL 33166		City & State Miami, FL 33166		4. FEI Number 59-0804661	
Zip 33166		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORRELL, THOMAS 7553 N.W. 50 ST MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7601 N.W. 50 Street City Miami FL Zip Code 33166	
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 _____ (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	PD WORRELL, THOMAS 7553 N.W. 50 STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 7601 N.W. 50 Street Miami, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORRELL, KAREN 7553 N.W. 50 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 7601 N.W. 50 Street Miami, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANIELS, DONNA L 7553 N.W. 50 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 7601 N.W. 50 Street Miami, FL 33166	
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	
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 <i>Thomas E. Worrell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Thomas E. Worrell President		
01-24-07			305-885-2800		