

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000070621

Entity Name: EAGLE FLOORING, INC.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

1086 SW PLACETAS AVE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1086 SW PLACETAS AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1028612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMOES, CLAUDINEI
1266 SO MILITARY TR #521
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

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: BRENO GOMES

02/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SIMOES, CLAUDINEI
Address: 1266 SO MILITARY TR #521
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: SILVA, ALEXSANDRO D
Address: 1266 SO MILITARY TR #521
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: LOPES, ADILSON F D
Address: 1266 SO MILITARY TR #521
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SIMOES, CLAUDINEI
Address: 1086 SW PLACETAS AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change () Addition
Name: SILVA, ALEXSANDRO D
Address: 1086 SW PLACETAS AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change () Addition
Name: LOPES, ADILSON F D
Address: 1086 SW PLACETAS AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDINEI SIMOES

PST

02/03/2006

Electronic Signature of Signing Officer or Director

Date