2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 15, 2007 8:00 am DOCUMENT # .P00000077492 -**Secretary of State** 1. Entity Name 02-15-2007 90051 023 ***150.00 ELITE FLOORING, INC. Principal Place of Business Mailing Address 4653 PINE GROVE DR P.O. BOX 7554 **DELRAY BEACH FL 33445 DELRAY BEACH FL 33482** Principal Proce of Business - No P.O. Box # Mailing Address **) りん**と 1st MOORE CR2E034 (10/06) City & State Applied For 4. FEI Number State even BCU FL 65-1034184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent letesus, Wilfredo DEJESUS, WILFREDO 4653 PINÉ GROVE DRIVE DELRAY BEACH FL 33445 le Grove Dr. 8. The above named entity submits this statement for the purpose of changing its registered office or registered Igent, or both, in the State of Florida. I am familiar with, and accept the obligations of adjistered agent. SIGNA ne of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete IIILE Change Addition DE JESUS, WILFREDO JR NAME NAME 4653 PINE GROVE DRIVE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-7IP CITY-ST-ZIP Hitté ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY-ST 7IP TITLE ☐ Delete TITLE Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY - ST - ZIP THE ☐ Delete MIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP mu TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-SI-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 accirce of flustee expowered 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 all other like empowered.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #