

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000077492

Entity Name: ELITE FLOORING, INC.

**FILED**  
**Nov 09, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4653 PINE GROVE DR  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7782  
DELRAY BEACH, FL 33482

**New Mailing Address:**

FEI Number: 65-1034184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEJESUS, JR, WILFREDO  
4653 PINE GROVE DRIVE  
DELRAY BEACH, FL 33445 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DE JESUS, WILFREDO JR  
Address: 4653 PINE GROVE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T ( ) Change (X) Addition  
Name: ARAUJO, VINICUS  
Address: 4304 NW 9TH AVE BLD1-1B  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: ARAUJO VINICUS

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11/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date