## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P00000083216  1. Entity Name HONEST FLOORING, INC.					Seci	etary of State
801 NORTH	EAST 2ND COURT	alling Address 301 NORTHEAST 2ND COURT (ALLANDALE, FL 33009				
		A. O.		03212005		CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE				4. FEI Number   Applied For   65-1037646   Not Applicable   \$2.75 Additional		
	6. Name and Address of Current Regis	tered Agent		5. Certificate of	of Status Desired	Fee Required
LIALL AND ALE EL COMO					NOT WH	ſ
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  Signature, typed of printed name of registered agent and title if applicable.  [NOTE: Registered Agent signature required when retirstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.				00 May Be ed to Fees	V0000034	14357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GHEORGHE, ILIE 801 NORTHEAST 2ND COURT HALLANDALE, FL 33009	CTORS			==	J132-012 155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				—IN T	'HIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u> </u>	· · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·
12. I hereby of indicated of the cor	certify that the Information supplied with this fi on this report or supplemental report is true poration or the receive of frustee empowers	ling does not qualify for the exer and accurate and that my signate it to expect the thing report as require	nption stated in Sec ure shall have the s ed by Chapter 607,	tion 119,07(3)(i) ame legal effect Florida Statutes	, Florida Statutes, I fun as if made under oath ; and that my name ap	ther certify that the information that I am an officer or director pears in Block 10 or Block 11 if

IL'E GHEORGHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR