## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P00000086538 03-22-2004 90050 031 \*\*\*150.00 GEM FLOOR COVERINGS, INC. Principal Place of Business Mailing Address 94033471 7362NW 34TH ST 7362NW 34TH ST MIAMI, FL 33122 SUITE A MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1052782 Not Applicable Zip Country Country \$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 Name URTIAGA, CANDIDO Street Address (P.O. Box Number is Not Acceptable) 7362 NW 34TH ST MIAMI, FL 33122 City Zip Code FL 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Urtiaga, Candido J. 2561 3W 147 Terr ☐ Delete TITLE Change Addition URTIAGA, CANDIDO J NAME NAME 14600 SOUTHWEST 82ND COURT SUITE A STREET ADDRESS STREET ADDRESS Palmetto Bay, FL 33157 CITY-ST-ZIP MIAMI, FL 33158 COY-ST-7IP TITLE Gange . Addition TMLE ☐ Delete urtiaga, Telesa C. 8501 SW 167 Terr. URTIAGA, TERESA C NAME NAME STREET ADDRESS 14600 SOUTHWEST 82ND COURT SUITE A STREET ADDRESS MIAMI, FL 33158 PAlmetto Bay, FL 33157 CRY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change | NAME STREET ADDRESS STREET ADDRESS City-St-ZIP City-ST-ZIP Delete ☐ Change Addition Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change [7] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP City-ST-7IP Delete ☐ Change ☐ Addition THIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

FILED

Daytime Phone #