


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P00000086538	
1. Entity Name GEM FLOOR COVERINGS, INC.	

Principal Place of Business 7362NW 34TH ST MIAMI, FL 33122	Mailing Address 7362NW 34TH ST SUITE A MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1052782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URTIAGA, CANDIDO  
7362 NW 34TH ST  
MIAMI, FL 33122

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD URTIAGA, CANDIDO J 8561 SW 167 TERR PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD URTIAGA, TERESA C 8561 SW 167 TERR PALMETTO BAY, FL 33157
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100000293670  
04/08/05-80038-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 affidavit, with all other like empowered.

SIGNATURE:  \_\_\_\_\_ Date: **4-5-05** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR