à, 2006 FOR PROFIT CORPORATION

· ·	ANNVAL			FILED	
DOCUMENT # P0000095655 1. Entity Name SOUTHEAST FLOOR COVERING COMPANY, INC.			Apr 26, 2006 08:00 Secretary of Stat	AN te	
Principal Place	e of Business	Mailing Address			
PO BOX 43		PO BOX 43			
BOCA RATON	I, FL 33429	BOCA RATON, FL 33429			
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			^ _	02072006 No Chg-P CR2E034 (11/05)	
ע	O NOT WRITE	in This Spa	UE	4. FEI Number Appli	ed For
				65-1104912 Not A	pplicet
				5. Certificate of Status Desired 5. Certificate o	лai
	6. Name and Address of Current Re	gistered Agent		ree neguieu	
NININAL AND	1				
NAIMI, M I 8211 W. B	TROWARD BLVD., #375			DO NOT WRITE	
	ON, FL 33324			IN THIS SPACE	
				IN THIS SPACE	
8. The above	named entity submits this statement for the	e purpose of changing its registe	red office or registe	ered agent, or both, in the State of Florida. I am familiar with, an	d accer
ale onlight					
SIGNATURE_	Signature, typed or printed name of registered agent and	tite if applicable /NOTE: Register	red Agent signature require	ed when reinstating) DATE	
	aginitari, iperio a parito anno a registeres agentaria	the in approvance. The register	en venk sekratore redore		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		5.00 May Be Ided to Fees	
10.	OFFICERS AND DI	RECTORS		······································	
BILE	D				
NAME	NAIMI, M. H.				
STREET ADDRESS	8211 WEST BROWARD BLVD., #3 PLANTATION, FL 33324	110			
TITLE					
NAME				U00000535370 05/08/06-80052-009-150.00	
STREET ADDRESS				US/UB/UB 80052-009 150.00	
CITY-ST-ZIP	<u></u>	······································			
TITLE NAME					
STREET ADDRESS			1		
CITY-ST-ZIP				DO NOT WRITE	
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TRE			_	· ··· ·· ·	
NAME.					
STREET ADDRESS					
CITY-ST-ZIP					
MLE			l		
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STREET ADDRESS CITY-ST-ZIP			1		
	. I v certify that the information supplied with	this filing does not qualify for the	exemptions contain	ned in Chapter 119. Florida Statutes. I further certify that the	formally
indicate	ed on this report or supplemental report is	true and accurate and that my sig	inature shall have it	ned in Chapter 119, Florida Statutes. I further certify that the in he same legal effect as if made under oath; that I am an officer o 607, Florida Statutes; and that my name appears in Block 10 or	or direct
change	d, or on an attachment with an address, v	with all other like empowered.	dence by cuspicit		
0.000	TUPE M. na	soul		4/21/06	
SIGNA	TURE:			· · ·	