2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/2/

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-02-2004 90004 034 ***150.00

DOCUMENT # P00000097242

1. Entity Name
CRYSTAL FLOORING, INC.

Principal Place of Business	Mailing Address
6800 NW 39TH AVE LOT #402 COCONUT CREEK, FL 33073	6800 NW 39TH AVE LOT #402 COCONUT CREEK, FL 33073

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 6800 NW 39 AV # 402	Suite, Apt. #, etc.: 6800 NW 39 AV #402
City & State: Coconut Creek Fl	City & State: Coconut Creek FL
Zip: 33073 Country: Broward	Zip: 33073 Country: Broward

4. FEI Number: 94-3376760 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETO, PEDRO A
6800 NW 39TH AVE LOT #402
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT NETO, PEDRO A 6800 NW 39TH AVE LOT #402 COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ____________________ 06/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #