2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90187 009 ***150.00

DOCUMENT # P01000002986

1. Entity Name
H.R. FLOORING, INC.

Principal Place of Business	Mailing Address
8961 SW 60TH TERRACE MIAMI, FL 33173-1612	8961 SW 60TH TERRACE MIAMI, FL 33173-1612

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
21450 COUNTY ROAD 455	21450 COUNTY ROAD 455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FLORIDA	City & State: CLERMONT, FLORIDA
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 65-1066879 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, HECTOR A
8961 SW 60TH TERRACE
MIAMI, FL 33173-1612

7. Name and Address of New Registered Agent

Name: RAMOS, HECTOR A.
Street Address (P.O. Box Number is Not Acceptable): 21450 COUNTY ROAD 455
City: CLERMONT, FLORIDA FL Zip Code: 34711

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: Hector Ramos — April 22/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	RAMOS, HECTOR A		NAME	RAMOS, HECTOR A.	
STREET ADDRESS	8961 SW 60TH TERRACE		STREET ADDRESS	21450 COUNTY ROAD 455	
CITY-ST-ZIP	MIAMI, FL 331731612		CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
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: Hector Ramos — HECTOR A. RAMOS, President — April 22/05 (305)772-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #