


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000054638
1. Entity Name
ACE PROFESSIONAL FLOORING CORP.



Principal Place of Business Mailing Address
**2597 BRIAR OAK CIRCLE
SARASOTA, FL 34232** **2597 BRIAR OAK CIRCLE
SARASOTA, FL 34232**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1111943 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVEIRA, JOSE A
2597 BRIAR OAK CIRCLE
SARASOTA, FL 34232**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLIVEIRA, JOSE A
STREET ADDRESS	2597 BRIAR OAK CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	DE OLIVEIRA, EDLA M
STREET ADDRESS	2597 BRIAR OAK CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80023-006 150.00

**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 address, with all other like empowered.

SIGNATURE:  **04/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #