

2004 FOR PROFIT CORPORATION -AMENDED ANNUAL REPORT

DOCUMENT # P02000008143 1. Entity Name FLORIDA FLOORING SUPPLIES INC.				<div style="text-align: center;"> FILED 04 OCT 28 PM 4:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center; margin-top: 20px;"> </div>	
Principal Place of Business 19646 BISCAYNE BAY DR. BOCA RATON, FL 33498		Mailing Address 19646 BISCAYNE BAY DR. BOCA RATON, FL 33498			
2. Principal Place of Business 201 SW 139 WAY Suite, Apt. #, etc.		3. Mailing Address 201 SW 139 WAY Suite, Apt. #, etc.			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 01-0608182	
Zip 33326		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELUCA, BRUCE 19646 BISCAYNE BAY DR. BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name PAUL SILVERS Street Address (P.O. Box Number is Not Acceptable) 201 SW 139 WAY City WESTON FL Zip Code 33326		
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 <u><i>Paul Silvers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-26-04</u>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DELUCA, BRUCE 19646 BISCAYNE BAY DR. BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL SILVERS 201 SW 139 WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Paul Silvers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone # <u>934-818-7188</u>	