2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90106 048 ***150.00

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04122004 Chg-P CR2E034 (10/03)

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1. Entity Name
F & R DECORATIVE FLOORING, INC.

Principal Place of Business	Mailing Address
13230 SW 68 ST MIAMI, FL 33183	13230 SW 68 ST MIAMI, FL 33183

2. Principal Place of Business	3. Mailing Address
6215 SW 150 PTH	6215 SW 150 PTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33193 / Country: Miami-Dade	Zip: 33193 / Country: Miami-Dade

4. FEI Number 91-2188346 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LASERNA, JOSE R 13230 SW 68ST MIAMI, FL 33175	Name: Laserna Jose R. Street Address (P.O. Box Number is Not Acceptable): 6215 SW 150PTH City: Miami FL Zip Code: 33193

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 [signature] JOSE R. LASERNA 4/12/04
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, 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	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LASERNA, JOSE R	NAME	Laserna, Jose R.
STREET ADDRESS	4225 SW 136 PLACE	STREET ADDRESS	6215 SW 150 PTH
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	Miami, FL 33193
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/12/04 305 297 4543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #