

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000051960

FILED
Oct 20, 2004
Secretary of State

Entity Name: EMILIANO ALMANZA FLOOR COVERING INC.

Current Principal Place of Business:

102 S MAGNOLIA ST
FELLSMERE, FL 32948

New Principal Place of Business:

9435 128TH AVENUE
FELLSMERE, FL 32948

Current Mailing Address:

102 S MAGNOLIA ST
FELLSMERE, FL 32948

New Mailing Address:

9435 128TH AVENUE
FELLSMERE, FL 32948

FEI Number: 04-3656405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMANZA, EMILIANO
102 S MAGNOLIA ST
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

ALMANZA, EMILIANO
9435 128TH AVENUE
FELLSMERE, FL 32948 US

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.

SIGNATURE: EMILIANO ALMANZA

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ALMANZA, EMILIANO
Address: 102 S MAGNOLIA ST
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: JIMENEZ, JUAN
Address: 62 S. BAY STREET
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ALMANZA, EMILIANO
Address: 9435 128TH AVENUE
City-St-Zip: FELLSMERE, FL 32948

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIANO ALMANZA

PSTD

10/20/2004

Electronic Signature of Signing Officer or Director

Date