



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90047 036 ***150.00

DOCUMENT # P02000052000 1. Entity Name NATIONAL FLOORING DISTRIBUTORS INC.																													
Principal Place of Business 10000 N WEST BAY HARBOR DRIVE UNIT PH-25 BAY HARBOR ISLAND, FL 33154			Mailing Address 10000 N WEST BAY HARBOR DRIVE UNIT PH-25 BAY HARBOR ISLAND, FL 33154																										
2. Principal Place of Business 10000 WEST BAY HARBOR DRIVE Suite, Apt. #, etc. UNIT PH-25		3. Mailing Address 10000 WEST BAY HARBOR DRIVE Suite, Apt. #, etc. UNIT PH-25																											
City & State BAY HARBOR ISLAND, FL		City & State BAY HARBOR ISLAND, FL		4. FEI Number 02-0598950																									
Zip 33154		Country MAINS-0000		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent AVILA, FERNANDO 10000 N WEST BAY HARBOR DRIVE UNIT PH-25 BAY HARBOR ISLAND, FL 33154				7. Name and Address of New Registered Agent Name AVILA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 10000 WEST BAY HARBOR DRIVE UNIT PH-25 City BAY HARBOR FL Zip Code 33154																									
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 X <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D AVILA, FERNANDO</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10000 N WEST BAY HARBOR DRIVE UNIT PH-25</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BAY HARBOR ISLAND, FL 33154</td> </tr> </table>			TITLE	D AVILA, FERNANDO	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	10000 N WEST BAY HARBOR DRIVE UNIT PH-25		CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D AVILA, FERNANDO</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10000 WEST BAY HARBOR DRIVE UNIT PH-25</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BAY HARBOR FL 33154</td> </tr> </table>			TITLE	D AVILA, FERNANDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	10000 WEST BAY HARBOR DRIVE UNIT PH-25		CITY-ST-ZIP	BAY HARBOR FL 33154	
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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 X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/1/05 Daytime Phone #																									