


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90215 028 ***158.00

DOCUMENT # P02000059332	
1. Entity Name RESILIENT FLOORING PROFESSIONAL, INC.	

Principal Place of Business 1224 SHIBUMY CIRCLE #D UNIT #D WEST PALM BEACH FL 33415 US	Mailing Address 1224 SHIBUMY CIRCLE UNIT #D WEST PALM BEACH FL 33415 US
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2. Principal Place of Business 1224 Shibumy Circle #D Suite, Apt. #, etc. Unit #D City & State W. P. B. FL Zip 33415 Country USA	3. Mailing Address 1224 Shibumy Circle Suite, Apt. #, etc. Unit #D City & State W.P.B. FL. Zip 33415 Country USA
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1st MOORE CR2E034 (10/04)

4. FEI Number 41-2043331		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARIAS, CARLOS 1224 SHIBUMY CIRCLE UNIT D WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name CARLOS A. ARIAS Street Address (P.O. Box Number is Not Acceptable) 1224 Shibumy Circle Unit #D City W.P.B. FL Zip Code 33415

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, 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P President ARIAS, CARLOS 1224 SHIBUMY CIRCLE-UNIT #D WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary ARIAS, LILY K 1224 SHIBUMY CIRCLE-UNIT #D WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer ARIAS, JOSE 1269 MARINE DRIVE WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05