

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90215 049 ***158.75

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

50014152



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

03272006 Chg-P CR2E034 (11/05)

4. FEI Number
41-2043331

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carlos Arias*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 (561) 601-5189
Date Daytime Phone #

ATTACHMENT

~~50014152~~
#02000059332

Please don't forget to mail ^{4/17/96}
me my certificate of status
leslie.

I am sending 50.00 plus
8.25.
total 58.25

Cheryl W

PBL #561 601-5189