

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000060452

FILED
Jan 24, 2005
Secretary of State

Entity Name: QUALITY & PRECISION FLOOR COVERING INC.

Current Principal Place of Business:

1115 N. 16TH AVENUE
HOLLYWOOD, FL 33020

New Principal Place of Business:

5061 SOUTH STATE RD SEVEN
SUITE 605
DAVIE, FL 33314

Current Mailing Address:

1115 N. 16TH AVENUE
HOLLYWOOD, FL 33020

New Mailing Address:

5061 SOUTH STATE RD SEVEN
SUITE 605
DAVIE, FL 33314

FEI Number: 04-3678077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHATZ, CECILE D
55 WESTON RD #402
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: CECILE D SHATZ

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: P () Delete
Name: UGARTE, MAURICIO
Address: 8460 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: GREIG, CHARLES E
Address: 1115 N 16TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAURICIO UGARTE

P

01/24/2005

Electronic Signature of Signing Officer or Director

Date