

## **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000074047

Entity Name: MENDES FLOORS, INC.

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

### **Current Principal Place of Business:**

8117 BLOSSOM AVENUE  
608  
TAMPA, FL 33614

### **New Principal Place of Business:**

142 NEWBURY DRIVE  
TAMPA, FL 33615

### **Current Mailing Address:**

8117 BLOSSOM AVENUE  
608  
TAMPA, FL 33614

### **New Mailing Address:**

142 NEWBURY DRIVE  
TAMPA, FL 33615

FEI Number: 04-3699838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

MENDES, SANTOS J  
8117 BLOSSOM AVENUE  
608  
TAMPA, FL 33614 US

### **Name and Address of New Registered Agent:**

MENDES, SANTOS J  
142 NEWBURY DRIVE  
TAMPA, FL 33615 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:

04/15/2009

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MENDES, SANTOS J  
Address: 8117 BLOSSOM AVENUE #608  
City-St-Zip: TAMPA, FL 33614

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MENDES, SANTOS J  
Address: 142 NEWBURY DRIVE  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANTOS MENDES

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date