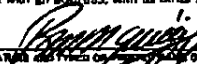


FILED
Jun 08, 2004 8:00 am
Secretary of State

05-12-2004 90204 008 ***150.00

**2004 FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000005177			
1. Entity Name EAGLE FLOOR COVERING, INC.			
Principal Place of Business 3798 ROSEBORO ST. ORLANDO, FL 32805		Mailing Address 3798 ROSEBORO ST. ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05012004 Chg-P CR2EC34 (10/03)		4. FEI Number 75-3095768	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATOS, RODOLFO 3798 ROSEBORO ST. ORLANDO, FL 32805		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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$300.00		9. Election Campaign Financing True: 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 MATOS, RODOLFO 3798 ROSEBORO ST. ORLANDO, FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ, ELVIA 3798 ROSEBORO ST. ORLANDO, FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/1/04	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	