


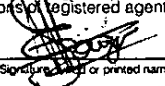

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90549 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

20035526



DOCUMENT # P03000012710			
1. Entity Name MODERN FLOORING CONCEPT, CORP.			
Principal Place of Business 7337 GATEHOUSE CIRCLE #135 ORLANDO, FL 32807		Mailing Address 7337 GATEHOUSE CIRCLE #135 ORLANDO, FL 32807	
2. Principal Place of Business 4950 CASA VISTA DR. Suite, Apt. #, etc.		3. Mailing Address 4950 CASA VISTA DR. Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO - FLORIDA	
Zip 32837		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUZA, GILVAN M 7337 GATEHOUSE CIRCLE #135 ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name MODERN FLOORING CONCEPT, CORP Street Address (P.O. Box Number is Not Acceptable) 4950 CASA VISTA DR. City ORLANDO, FL FL Zip Code 32837	
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  GILVAN MESSIAS DE SOUZA		DATE 04/14/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DE SOUZA, GILVAN MESSIAS 7337 GATEHOUSE CIR, APT 135 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE SOUZA, GILVAN MESSIAS 4950 CASA VISTA DR ORLANDO FL 32837 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE SOUZA, NOEMI CARDOSO 7337 GATEHOUSE CIR, APT 135 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE SOUZA, NOEMI CARDOSO 4950 CASA VISTA DR. ORLANDO FL 32837 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FREITAS, LEANDRO SOUZA 1081 S. HAWASSE DR, APT 701 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  GILVAN MESSIAS DE SOUZA		DATE 04/14/05	
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321/2390449	