


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90065 038 \*\*\*158.75

<b>DOCUMENT # P03000032996 .</b> 1. Entity Name <b>EZEQUIEL FLOORING, INC.</b>			
Principal Place of Business <b>8845 RAMBLEWOOD DR 1716 CORAL SPRINGS, FL 33071</b>		Mailing Address <b>8845 RAMBLEWOOD DR 1716 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <i>222 87 SW 64th Ave</i>		3. Mailing Address <i>222 87 SW 64th Ave</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33428</i>		Zip <i>33428</i>	
Country <i>Palm Beach</i>		Country <i>Palm Beach</i>	
4. FEI Number <b>51-0454648</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANZA, HEBER A 8845 RAMBLEWOOD DR 1716 CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANZA, HEBER</b> <b>8845 RAMBLEWOOD DR - APT 1716</b> <b>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Anza Heber</i> <i>222 87 SW 64th Avenue</i> <i>Boca Raton, FL 33428</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>ANZA, MAURO</b> <b>8845 RAMBLEWOOD DR - APT 1716</b> <b>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	