2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035921

Entity Name: A & I FLOORING INC.

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7326 MONTERREY BBLVD 6819 SUMMER COVE DRIVE TAMPA, FL 33625 RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

7326 MONTERREY BBLVD 6819 SUMMER COVE DRIVE TAMPA, FL 33625 RIVERVIEW, FL 33569

FEI Number: 03-0514210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, RALPH
10921 AIRVIEW DRIVE
TAMPA, FL 33625 US
HERNANDEZ, ARIEL
6819 SUMMER COVE DRIVE
RIVERVIEW, FL 33569 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: ARIEL HERNANDEZ 03/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition Name: HERNANDEZ, IBIS Name: HERNANDEZ, IBIS
Address: 7326 MONTERREY BBLVD Address: 6819 SUMMER COVE DRIVE

Address: 7326 MONTERREY BBLVD Address: 6819 SUMMER COVE DRIVE
City-St-Zip: TAMPA, FL 33625 City-St-Zip: RIVERVIEW, FL 33569 US

Title: () Delete Title: PD () Change (X) Addition

 Name:
 Name:
 HERNANDEZ, ARIEL

 Address:
 Address:
 6819 SUMMER COVE DRIVE

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

Title: () Delete Title: VD () Change (X) Addition

 Name:
 Name:
 HERNANDEZ, BORIS

 Address:
 Address:
 6819 SUMMER COVE DRIVE

 City-St-Zip:
 City-St-Zip:
 RIVERVIEW, FL 33569 US

Title: () Delete Title: TD () Change (X) Addition

Name:Name:SALDINA, ALFREDOAddress:Address:6819 SUMMER COVE DRIVECity-St-Zip:City-St-Zip:RIVERVIEW, FL 33569 US

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: ARIEL HERNANDEZ PD 03/05/2004