2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)					FILED Apr 19, 2004 8:00 am
DOCUMENT # P03000042416 1. Entity Name					Apr 19, 2004 8:00 am Secretary of State
USA FLOORING, CORP.					04-19-2004 90404 028 ***150.00
Principal Place of Business Mailing Address					
11306 SW 166 TER		11306 SW 166 TER			
MIAMI FL 3	3167	MIAMI FL 33167			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 5104 59368 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name					
CANO, EUGENIO					
11306 SW 166 TER MIAMI FL 33167			Street Address		O. Box Number is Not Acceptable)
			City		FL Zip Code
 B. 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	Y	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP CANO, EUGENIO	Delete	TITLE NAME		🖾 Change 🗔 Addition
STREET ADDRESS	11306 SW 166 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		CITY - ST - ZIP		
TITLE		Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP		<u></u>	STREET ADDRESS CITY - ST - ZIP		
		- Delete	NAME	· · ·	Change, Addition.
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME		L Delete	TITLE NAME		Change 🗋 Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		🗋 Change 🔲 Addition .
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY - ST - ZIP		
TITLE		Delete	TITLE		Change 🗋 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Construct and typeD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					