2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 08:00 A Secretary of State

ANNOAL KEPOKI					
DOCUMENT # P03000052157 1. Entity Name DIMANY FLOORING, INC.					Secretary of S
Principal Place 7626 NW 18 MIAMI, FL 3	2ND LANE #602	Mailing Address 7626 NW 182ND LANE #602 MIAMI, FL 33015		 	III AANN aa no ann aan 2007 an an 1860 an 1860
	Mr. martine spring the marine	المجالكين في الأمان مستنوعة ما المدد المسيومية	e ga a see se		CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	02112008 No Chg-F 4. FE! Number 90-0085394	Applied For Not Applicable
	The state of the s		1 1 1 1 1 1 1 1 1 1	5. Certificate of Status Desir	_ \$9.75 Additional
8765 NW	6. Name and Address of Current R C. ERNESTO C 168 ST KE, FL 33018	egistered Agent		DO NOT	
the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/30/08-80051-010 150.00					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP SANCHEZ, ERNESTO C 8765 NW 168 ST MIAMI LAKE, FL 33018	DIRECTORS	***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ., SANCHEZ, MARITZA 8765 NW 168 ST MIAMI LAKE, FL 33018	- -			
TITLE NAME STREET ADDRESS CHY-S1-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 adoless, with all other like empowered.

SIGNATURE: 🗹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-08

(-786) 514-2010

Daytime Phone #