

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90032 031 ***150.00

DOCUMENT # P03000066789					
1. Entity Name M & J FLOORING DESIGN INC					
Principal Place of Business 924 GREEN WOOD RD. WESTON, FL 33326			Mailing Address 924 GREEN WOOD RD. WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>43-2019081</u>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LATIN NETWORK CONSULTANTS INC 1820 N CORPORATE LAKES BLVD UNIT 104 WESTON, FL 33326			Name <u>BASABE, JESUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>924 GREEN WOOD RD</u> City <u>WESTON</u> FL Zip Code <u>33327</u>		
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, applicable.</small>			DATE: <u>3/19/04</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PST BASABE, JESUS 924 GREEN WOOD RD WESTON, FL 33327		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINILLA, VICTOR M 924 GREEN WOOD RD WESTON, FL 33327		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>03/19/04</u> Daytime Phone #		