


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000067225
 1. Entity Name
ALEJANDRO FLOORS & INSTALLATIONS, INC.



Principal Place of Business Mailing Address
8880 NW 164 STREET **8880 NW 164 STREET**
MIAMI LAKES, FL 33018 **MIAMI LAKES, FL 33018**

DO NOT WRITE IN THIS SPACE



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
56-2371333 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MONTES DE OCA, ALEJANDRO
8880 NW 164 STREET
MIAMI LAKES, FL 33018

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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  U00000567232
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ~~06/15/06 80003 003 150.00~~
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MONTES DE OCA, ALEJANDRO 8880 NW 164 STREET MIAMI LAKES, FL 33018
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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #