

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000076388

1. Entity Name
FLOORING KINGDOM, INC.



**FILED
Apr 14, 2008 08:00 A
Secretary of State**

Principal Place of Business
2216 WEST 80 STREET
UNIT 1
HIALEAH, FL 33016

Mailing Address
2216 WEST 80 STREET
UNIT 1
HIALEAH, FL 33016



DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2118010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CABRERA, JAVIER A
3410 NW 195 TERRACE
OPA LOCKA, FL 33056

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

U000000895686
04/24/08-80077-006 150.00

10. OFFICERS AND DIRECTORS

TITLE VDST
NAME CABRERA, JAVIER A
STREET ADDRESS 3410 NW 195 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE PD
NAME CABRERA, SELENE
STREET ADDRESS 3410 NW 195 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

Javier A. Cabrera 04/11/08 305/821-2061