2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/1

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-16-2004 90012 027 ***150.00

DOCUMENT # P03000117192

1. Entity Name
S. G. QUALITY FLOORING, INC.

66433485

Principal Place of Business	Mailing Address
1450 ATLANTIC SHORES BLVD #121 HALLANDALE, FL 33009	1450 ATLANTIC SHORES BLVD #121 HALLANDALE, FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0222505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHEORGHE, SIMONA
1450 ATLANTIC SHORES BLVD #121
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Due by September 8, 2004

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	P	☐ Delete
NAME	GHEORGHE, SIMONA	
STREET ADDRESS	1450 ATLANTIC SHORES BLVD #121	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

Dear Madam/Sir
I did not received the renewal card in January and being the first year I did not know I have to renew.
I'll take care next year that it will not pass the filling period.
Thanks in advance. [signature]

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: [signature] 8/6/04 954/454-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #