

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000117192**

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



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

Mailing Address  
1450 ATLANTIC SHORES BLVD #121  
HALLANDALE, FL 33009



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000366180  
05/11/05-80034-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*SIMONA GHEORGHE*

*04/05/05*

*954-454-5522*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #