


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

09-13-2004 90010 029 \*\*\*150.00

**DOCUMENT # P03000120460**  
 1. Entity Name  
**FLOORING PRO'Z INC.**



Principal Place of Business: **7017 BAYWOOD DR. TAMPA, FL 33637 US**  
 Mailing Address: **7017 BAYWOOD DR. TAMPA, FL 33637 US**

**Z9UBJ166**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

09082004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **50-2410503**  
 Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
**ZWIRN, JEFFREY J**  
**4021 N. ARMENIA AVE.**  
**STE. 200**  
**TAMPA, FL 33607**

7. Name and Address of New Registered Agent  
 Name: **Raffael O. Graulau**  
 Street Address (P.O. Box Number is Not Acceptable): **7017 Baywood Drive**  
 City: **Tampa** FL Zip Code: **33637**

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]* **Raffael O. Graulau** DATE: **9/8/04**

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GRAULAU, RAFFAEL O</b>
STREET ADDRESS	<b>7017 BAYWOOD DR.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **Raffael O. Graulau** DATE: **9/8/04** (813) 870-6699