

DOCUMENT # F03000121019

1. Entity Name

AREA FLOORS CORPORATION



FILED
Feb 16, 2007 08:00 AM
Secretary of State



Principal Place of Business

4350 HILLCREST CR, APT #616
HOLLYWOOD FL 33021

Mailing Address

4350 HILLCREST CR, APT #616
HOLLYWOOD FL 33021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

56-2411768

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GALVIS, LUIS J
 4350 HILLCREST CR, APT #616
 HOLLYWOOD FL 33021

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME GALVIS, LUIS J
 STREET ADDRESS 4350 HILLCREST CR, APT #616
 CITY-STATE-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 U000000638702
 02/27/07-80042-001 150.00

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-STATE-ZIP

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 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

02-12-07

Date

9542603991

Daytime Phone #