2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED MADE OF

MISHING OFFICER OR DIRECTOR

Oct 01, 2004 8:00 am Secretary of State **DOCUMENT # P03000123665** 10-01-2004 90002 026 ***163.75 FLORIDA'S FLOOR MASTERS INC. Principal Place of Business Mailing Address 22861040 6422 ORANGE COVE DRIVE 6422 ORANGE COVE DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 09282004 City & State City & State 4. FEI Number Applied For 75-313554 Not Applicable Zip Country "Zip" Country " \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IM, CHOONG Street Address (P.O. Box Number is Not Acceptable) 6422 ORANGE COVE DRIVE ORLANDO, FL 32819 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change IM, CHOONG NAME NAME STREET ADDRESS 6422 ORANGE COVE DRIVE STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP COY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition nn F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE [7] Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block .1.1 if. changed, or on an attachment with an address SIGNATURE:

FILED

Dr. # \$03000123665

FLORIDA'S FLOOR MASTERS, INC.

Choong Im, President 6422 Orange Cove Drive Orlando, FL 32819 Phone: (407) 325-6484 Fax: (407) 345-8067

September 29, 2004

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/ Madam,

Enclosed you will find the 2004 For Profit Corporation Annual Report for my company; Florida's Floor Masters, Inc.

Also enclosed with the form is a check, # 1243, in the amount of \$163.75, which includes the \$150.00 filing fee along with the charge of \$8.75 to obtain the Certificate of Status, and the \$5.00 contribution to the Election Campaign Financing Trust Fund.

I was informed from a representative at the Division of Corporations that the fee was only \$150.00 in light of the fact that a notice was never received with a filing due date.

Please feel free to speak with me at (407) 325-6484 for any additional questions or information you may need, or fax me at (407) 345-8067.

Sincerely,

Florida's Floor Masters, Inc.