## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000128858**

1. Entity Name

B.P. FLOORING & CONSTRUCTION, INC.



FILED
May 08, 2006 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

4001 THOMAS STREET HOLLYWOOD, FL 33020 4001 THOMAS STREET HOLLYWOOD, FL 33020



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03132006 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0400647

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 N.W. 7TH PLACE MIAMI, FL 33127

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	named entity submits this statement for the plants of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or both	n, in the State of Florida. I	am familiar with, and accep	ot
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registe	red Agent signature	required when reinstating)	<u>.</u>	ATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	· ·	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			_				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD PISHIK, BORIS \$ 4001 THOMAS STREET HOLLYWOOD, FL 33020				000000563 05/20/06-800	1329 106-021 150.00	
TITLE NAME	SD PISHIK, SVETLANA						(X) X

street addr CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 appaddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MAYORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/200 G

154/812-8132