

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000134266

1. Entity Name
FLOOR TECHNOLOGIES - CENTRAL, INC.



Principal Place of Business
11911 W OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

Mailing Address
11911 W OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0370656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, CHRISTOPHER M
525 SEVILLA AVE
CORAL GABLES, FL 33134

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HENRY, CHRISTOPHER M
STREET ADDRESS 525 SEVILLA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP ☐ Delete
NAME STAMP, M.D
STREET ADDRESS 11324 SW 132ND PLACE #2
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP ☐ Delete
NAME HENRY, STEFANIE H
STREET ADDRESS 525 SEVILLA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAIRMAN ☐ Change ☒ Addition
NAME BRUNHIDE HENRY
STREET ADDRESS 525 SEVILLA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500076158135
06/13/06--01045--021 ***61.25

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2C 6/19

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Henry, President

5/31/06

Date

305 819 9531

Daytime Phone #

FILED

06 JUN -6 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

