



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000134977 1. Entity Name BOTELLO FLOOR INSTALLATIONS, INC.					
Principal Place of Business 2910 W. ST. CONRAD STREET TAMPA, FL 33607 US		Mailing Address 2910 W. ST. CONRAD STREET TAMPA, FL 33607 US			
DO NOT WRITE IN THIS SPACE					
				 01272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 03-0532758		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTELLO, MARIA C 2910 W. ST. CONRAD STREET TAMPA, FL 33607				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P BOTELLO, MARIA C 2910 W. ST. CONRAD STREET TAMPA, FL 33607			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP GONZALEZ, RAFAEL 2910 W. ST. CONRAD STREET TAMPA, FL 33607			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE U00000202981 01/29/05-80012-003 150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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: <u>Marcia M Botello</u>		1-27-05		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			