


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90077 012 \*\*\*150.00

**DOCUMENT # P03000141420**

1. Entity Name  
**JORGE'S FLOORING, CORP**



Principal Place of Business <b>1250 NE 211 SRTEET          ATTN: JORGE BAUTISTA          NORTH MIAMI BEACH, FL 33179 US</b>	Mailing Address <b>1250 NE 211 SRTEET          ATTN: JORGE BAUTISTA          NORTH MIAMI BEACH, FL 33179 US</b>
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**20063649**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07052005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>20-0436790</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BAUTISTA, JORGE  
 1250 NE 211 STREET  
 NORTH MIAMI BEACH, FL 33179**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>BAUTISTA, JORGE</b>	
STREET ADDRESS	<b>1250 NE 211 STREET</b>	
CITY - ST - ZIP	<b>MIAMI, FL 33179</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Jorge Bautista 7/11/05 305-305-7130  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #