

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143356

FILED
Apr 29, 2009
Secretary of State

Entity Name: WILLOW FLOOR COVERING CORPORATION

Current Principal Place of Business:

2299 S KIRKMAN RD
APT 321
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

2299 S KIRKMAN RD
APT 321
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 02-0712569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

TUAREZ, JOSE W
2299 S KIRKMAN RD
APT 321
ORLANDO, FL 32811 US

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.

SIGNATURE: JOSE W TUAREZ

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUAREZ, JOSE W
Address: 2299 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Delete
Name: DE LA CRUZ, FERNANDO
Address: 2299 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE W TUAREZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date