

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145251

1. Entity Name  
ARIAS FLAMINIO FLOORING INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 23 PM 3:21

Principal Place of Business

829 SW 4TH AVENUE  
CAPE CORAL, FL 33991

Mailing Address

829 SW 4TH AVENUE  
CAPE CORAL, FL 33991



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0127002

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS, FLAMINIO  
829 SW 4TH AVENUE  
CAPE CORAL, FL 33991

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARIAS, FLAMINIO
STREET ADDRESS	829 SW 4TH AVENUE
CITY- ST- ZIP	CAPE CORAL, FL 33991
TITLE	TR
NAME	ARIAS, ELIZABETH B
STREET ADDRESS	829 SW 4TH AVENUE
CITY- ST- ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

500067029435  
03/03/06--01037--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
Typed or printed name of signing officer or director

03/13/06  
Date

Daytime Phone #