2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146525 05-07-2004 90118 018 ***150.00 1. Fotity Name MARVELOUS FLOORS, INC. Principal Place of Business Mailing Address 566 NW 47TH STREET 566 NW 47TH STREET FORT LAUDERDALE, FL 33351 FORT LAUDERDALE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 604 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAROUH, RICHARD P.A. Street Address (P.O. Box Number is Not Acceptable) 10800 NW 5TH STREET PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 12.7 ₽D TITLE ☐ Delete TITLE Change ☐ Addition NAME PADILLA, CESAR NAME STREET ADORESS 566 NW 47TH STREET STREET ADDRESS FORT LAUDERDALE, FL 33351 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition tm.£ ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 end 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: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND