FROM : FAX NO. : 3055580318

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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90184 042 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000147548

1. Entity Name
IMPERIO FLOORING, INC.

50044909

Principal Place of Business	Mailing Address
7101 W. 24TH AVENUE, UNIT 43 HIALEAH, FL 33016	7101 W. 24TH AVENUE, UNIT 43 HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
10000 S. Lake Vista Cr.	10000 S. Lake Vista Cr
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie FL
Zip: 33328 Country:	Zip: 33328 Country:

04252005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0462652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, CLAUDIO A
7101 W. 24TH AVENUE, UNIT 43
HIALEAH, FL 33016

10000 S. Lake Vista Cr
Davie, FL 33328

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 ______________________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD JIMENEZ, CLAUDIO A 7101 W. 24TH AVENUE, UNIT 43 HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10000 S. Lake Vista Cr Davie, FL 33328
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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: x [signature] Claudio Jimenez President 04/25/05 x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #