2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State
02-28-2006 90016 013 ***150.00

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1. Entity Name
NEW FLOORING, INC.

Principal Place of Business	Mailing Address
18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558 US	18108 PEREGRINES PERCH PL # 204 LUTZ, FL 33558 US

02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3505 LAND OAKS DR # 106	3505 LAND OAKS DR # 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33694 Country	Zip: 33694 Country

4. FEI Number 20-0482862 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, VALDIR J
18108 PEREGRINES PERCH PL
204
LUTZ, FL 33558

7. Name and Address of New Registered Agent

Name: SILVA VALDIR J
Street Address (P.O. Box Number is Not Acceptable): 3505 LAND OAKS DR # 106
City: TAMPA, FL 33694 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 X [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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SILVA, VALDIR J	
STREET ADDRESS	18108 PEREGRINES PERCH PL # 204	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	SILVA, VALDIR J	
STREET ADDRESS	3505 LAND OAKS DR # 106	
CITY-ST-ZIP	TAMPA, FL 33694	
TITLE	VP	☐ Change ☐ Addition
NAME	STEFFEN, REINALDO ALVES	
STREET ADDRESS	3505 LAND OAKS DR # 106	
CITY-ST-ZIP	TAMPA, FL 33694	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #