2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

	AITITOAL	KEFOKI		¬ — Secretary of Star	
DOCUME 1. Entity Name D'LIA FLOOR	NT # P030001563	99		Secretary of Sta	
Principal Place of Bu	usiness	Mailing Address		-	
861 ST. TROPEZ C	• "	861 ST. TROPEZ COURT			
PORT ST. LUCIE, FI		PORT ST. LUCIE, FL 34986			
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l DO	NOI WHILE	in This spa	CE	4. FEI Number Applied Fo	
1				20-0537011 Not Applica	
				5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
LISI, JOE	·			DO NOT WOITE	
861 ST. TROPEZ COURT PORT ST. LUCIE, FL 34986			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.					
Seal Ma					
SIGNATURE Signatur	e, types or printed name of registered agent and	ille if applicable (NOTE Registere	d Agent signature required	d when reinstating) DATE	
	/ 	0. Election Compaign Floor			
	W!!! FEE IS \$150.00 2005 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 	ncing \$5. □ Add	.00 May Be ded to Fees	
10.	OFFICERS AND DIE	EATABS 1	<u> </u>		
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12. I hereby certify the	nat the information supplied with this	filing does not qualify for the exe	mption stated in Sec	oction 119.07(3)(i), Florida Statutes. I further certify that the information	
12. I hereby certify that the information supplied with this filling 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 of 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.					
Changes, or on an apagement with an address, with an appropriate.					
SIGNATURE:					
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECT	OR	Date Daylime Phone #	