

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157349

Entity Name: CRA FLOORING INC.

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

6801 EASTPOINT PINES STREET
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

6801 EASTPOINT PINES STREET
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-0521590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEPTH TAX MANAGEMENT, INC.
3512 E. SILVER SPRINGS BLVD.
#116
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSA ARAUJO, CLAUDIO
Address: 6801 EASTPOINT PINES STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP/D () Delete
Name: ARAUJO, LINDA
Address: 6801 EAST POINT PINES STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO ROSA ARAUJO

P/D

04/22/2007

Electronic Signature of Signing Officer or Director

Date