


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90077 027 ***150.00

DOCUMENT # P04000007482 1. Entity Name INNOVATIVE FLOORS INC.					
Principal Place of Business 49 SE 10TH TERR. DANIA BEACH, FL 33004			Mailing Address 49 SE 10TH TERR. DANIA BEACH, FL 33004		
2. Principal Place of Business 47 SE 10th Terrace		3. Mailing Address 47 SE 10th Terrace			
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A			
City & State Dania Beach		City & State Dania Beach		4. FEI Number 35-2222606	
Zip 33004		Country Broward		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POUX, CHRIS 49 SE 10TH TERR. DANIA BEACH, FL 33004			7. Name and Address of New Registered Agent Name Poux, Chris Street Address (P.O. Box Number is Not Acceptable) 47 SE 10th Terrace #A City Dania Beach FL 33004		
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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD POUX, CHRIS 49 SE 10TH TERR. DANIA BEACH, FL 33004		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Poux, Chris 47 SE 10th Terrace, #A Dania Beach, FL 33004		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Chris Poux</u> <u>2/13/05</u> (954) 538-5598 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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