

2006 FOR PROFIT CORPORATION ANNUAL REPORT




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Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90258 008 ***150.00

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01122006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000008991			
1. Entity Name ARTEAGA FLOOR COVERING, INC.			
Principal Place of Business 2409 BAKER AVENUE HAINES CITY, FL 33844		Mailing Address 2409 BAKER AVENUE HAINES CITY, FL 33844	
2. Principal Place of Business 203 Pamona St.		3. Mailing Address 203 Pamona St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Haines City FL		City & State Haines City FL	
Zip 33844-7311		Zip 33844-7311	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent ARTEAGA, SALVADOR S 2409 BAKER AVENUE HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name Arteaga, Salvador S. Street Address (P.O. Box Number is Not Acceptable) 203 Pamona St. City Haines City FL Zip Code 33844	
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  Registered Agent DATE 1/12/2006 <small>Signature typed or printed name of registered agent not acceptable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 ARTEAGA, SALVADOR S 2409 BAKER AVENUE HAINES CITY, FL 33844 <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	STD ARTEAGA, SANDRA 2409 BAKER AVENUE HAINES CITY, FL 33844 <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	VP VEGA-SALAZAR, FELIX 532 GEORGE ROAD HAINES CITY, FL 33844 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Arteaga, Andy 3426 Huntwicke Blvd. Davenport FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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:  SALVADOR S. ARTEAGA		President DATE 1/12/2006 863-557-1825	