2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State

DOCUMENT # P0400009370 1. Entity Name KEN'S FLOORING INC					04-05-2006 9	0160 003 ***150.	00
rincipal Place of Business 265 NE-35 STREET AKLAND PARK, FL-33334 - US Mailing Address 1265 NE-35 STREET OAKLAND PARK, FL-33334 - US					NO 4100 4000 4000 8000	1 89/1 24/18 11/12 81/18 11/18	1384 11 1881
2. Principal Place of Business 74 COURT	Ace of Business 74 COURT SAME						
Suite, Apt, #, etc.	Suite, Apt. #, etc.		•	04012006	Chg-P	CR2E034 (11/05)	
OAKCAND PARK	City & State			4. FEI Number 20-0579	141		oplied For ot Applicable
Zip FL 33334-3236	Zip Country			5. Certificate of	Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
		Name	A	0011 4	CACIL	Chilad	, ,
PEACH, APRIL			Street Address (P.O) Box Number is Not Acceptable) PK BCU D				
660 W OAKLAND PARK BLVD (FT LAUDERDALE, FL 33334 &			Oress (A). SON NOMBA	KCANI	PRBC	20
		City	/	4170	17016	Zip Cod	e, a (/
				AUD GY		vida Lam familiar with	and accept
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.							
and the second	(Condon	7×L					
SIGNATURE Signature, typed or printed grane of regisibred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10. OFFICERS AND	DIRECTORS	11.	0	ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	S IN 11
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l	☐ Delete	TITLE NAME		AKCAn	D PR	<i>FL</i> 3333	3236 □ Addition
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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:

HU BULLE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR U-03-06

954-938-1814

Date

Oaytime Phone #