


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2006 90160 003 ***150.00

DOCUMENT # P04000009370	
1. Entity Name KEN'S FLOORING INC	

Principal Place of Business 1265 NE 35 STREET OAKLAND PARK, FL 33334 US	Mailing Address 1265 NE 35 STREET OAKLAND PARK, FL 33334 US
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2. Principal Place of Business 600 NE 46TH COURT Suite, Apt. #, etc. #3	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State OAKLAND PARK	City & State
Zip FL 33334-3236	Country USA



04012006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0579141	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEACH, APRIL 660 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33334	
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7. Name and Address of New Registered Agent Name APRIL PEACH CONDRON Street Address (P.O. Box Number is Not Acceptable) 660 W. OAKLAND PK BLVD City FT LAUDERDALE FL Zip Code 33334	
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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 <u><i>April Condrón</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHRO, KENNETH S 1265 NE 35 STREET OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHRO KENNETH S 600 NE 46TH CT #3 OAKLAND PK FL 33334-3236 <input checked="" 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
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
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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: <u><i>Ken Behro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><i>4-03-06</i></u> Daytime Phone # <u><i>954-938-1814</i></u>