2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011107

Name:

Address:

City-St-Zip:

ROJAS, JUAN F

2829 REVERE CT

CASELBERRY, FL 32707

FILED Apr 28, 2005 Secretary of State

Entity Nar	ne: RIIR DUF	RAN FLOOR COVERING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7168 FOREST CITY RD #109 ORLANDO, FL 32810					
	ailing Addres	·e·	New Mailing Addres	New Mailing Address:	
7168 FOREST CITY RD #109 ORLANDO, FL 32810			new maning Address	5.	
FEI Number:	20-0597023	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DURAN, ISALIA 7168 FOREST CITY RD #109 ORLANDO, FL 32810 US			BLANCO PROFESSION 385 E MAIN STREET APOPKA, FL 32703		
The above in the State	named entity : e of Florida.	submits this statement for the pr	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: LUIS BLANCO				04/28/2005	
Election Car		ic Signature of Registered Age g Trust Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DURAN, ISALIA 7168 FOREST ORLANDO, FL	CITY RD, #109	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALCALA, TOMA 3185 PALMETT SANFORD, FL	O AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ISALIA DURAN PR 04/28/2005