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Secretary of State

03-02-2005 90092 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000016047

1. Entity Name
LAMINATE CONNECTION FLOORING, INC.

Principal Place of Business	Mailing Address
20 NW 3 AVE DEERFIELD BEACH, FL 33441	20 NW 3 AVE DEERFIELD BEACH, FL 33441

66008128

02252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1880 Dr. Andre's WAY	1880 Dr ANDRE'S WAY
Suite, Apt. #, etc. Unit - C	Suite, Apt. #, etc. Unit-C
City & State DelRAY Beach, FL	City & State DelRAY Beach, FL
Zip 33445 Country USA	Zip 33445 Country USA

4. FEI Number 20-0662897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABER, PATRICK
2101 NE 59 PL
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name PATRICK Faber
Street Address (P.O. Box Number is Not Acceptable) 921 Mulberry Way
City BOCA RATON FL Zip Code 33486

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 [signature] 2/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D FABER, PATRICK 20 NW 3 AVE DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FABER, PATRICK 20 NW 3 AVE DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #