

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 030 ***150.00

DOCUMENT # P04000018208

1. Entity Name
M & S FLOORING, INC



Principal Place of Business
**8368 TRENT COURT APT #D
BOCA RATON, FL 33433**

Mailing Address
**8368 TRENT COURT APT #D
BOCA RATON, FL 33433**

50010745



2. Principal Place of Business
7705 E. 2nd Ave #E107

3. Mailing Address
Same as #2

04072006 Chg-P CR2E034 (11/05)

City & State
Deerfield Bch FL

City & State
Deerfield Bch FL

4. FEI Number
20-0662047

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NAVARRETE, MARCELO
8368 TRENT COURT
APT #D
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
Navarrete MARCELO
Street Address (P.O. Box Number is Not Acceptable)
770 SE 2nd Ave #E107
City
Deerfield Bch FL Zip Code
33441

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
NAVARRETE, MARCELO
8368 TRENT COURT
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Navarrete Marcelo
770 SE 2nd Ave #E107
Deerfield Bch FL 33441** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #