

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 011 ***158.75

DOCUMENT # P04000022260 1. Entity Name LEE FLOORING SERVICES, INC.			
Principal Place of Business 8851 NW 119 ST UNIT 3309 HIALEAH GARDENS, FL 33018		Mailing Address 8851 NW 119 ST UNIT 3309 HIALEAH GARDENS, FL 33018	
2. Principal Place of Business 12138 N.W. 93 Place <small>Suite, Apt. #, etc.</small>		3. Mailing Address 12138 N.W. 93 Place <small>Suite, Apt. #, etc.</small>	
City & State Hialeah Gardens, FL <small>Zip</small> 33018 <small>Country</small> Dade		City & State Hialeah Gardens, FL <small>Zip</small> 33018 <small>Country</small>	
4. FEI Number 65-0807041		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PELAEZ, JAIME 8851 NW 119 ST UNIT 3309 HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Pelaez, Jaime Street Address (P.O. Box Number is Not Acceptable) 12138 N.W. 93 Place City Hialeah Gardens FL <small>Zip Code</small> 33018	
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>Jaime Pelaez</i></u> 3/24/05 <small>Signature, typed or printed name of registered agent and then if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PELAEZ, JAIME STREET ADDRESS 8851 NW 119 ST UNIT 3309 CITY-ST-ZIP HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE PD NAME Pelaez, Jaime STREET ADDRESS 12138 N.W. 93 Place CITY-ST-ZIP Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME LOZANO, ANTHONY STREET ADDRESS 8851 NW 119 ST UNIT 3309 CITY-ST-ZIP HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE ST NAME Lozano, Anthony STREET ADDRESS 12138 N.W. 93 Place CITY-ST-ZIP Hialeah Gardens, FL 33018	<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
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 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: <u><i>Jaime Pelaez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/24/05 (305) 822-4161 <small>Date Daytime Phone #</small>	