

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000026544

1. Entity Name
EXPERT FLOORING SERVICES, INC.



Principal Place of Business
780 S. PARK RD
#729
HOLLYWOOD, FL 33021

Mailing Address
780 S. PARK RD
#729
HOLLYWOOD, FL 33021

**FILED
May 01, 2006 08:00 AM
Secretary of State**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0724317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERDI, ALBERT
780 S. PARK RD
729
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 P
NAME VERDI, ALBERT
STREET ADDRESS 780 S. PARK RD #729
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME VERDI, CHRISTOPHER
STREET ADDRESS 780 S. PARK RD #729
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000552291
05/15/06-80006-007 150.00

**DO NOT WRITE
IN THIS SPACE**

11. 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

4-29-06 954-2050526

Date

Daytime Phone #