

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/30/2005-90001-005-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00003640



DOCUMENT # P04000034728					
1. Entity Name KIMS FLOORING, CORP.					
Principal Place of Business 15650 BULL RUN RD #606 MIAMI LAKES, FL 33014			Mailing Address 15650 BULL RUN RD #606 MIAMI LAKES, FL 33014		
2. Principal Place of Business 1700 NE 19TH ST Suite, Apt. #, etc. #310		3. Mailing Address 1700 NE 19TH ST Suite, Apt. #, etc. 310			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 14-1903292	
Zip 33179		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMARRIBA, IMMEL F 15650 BULL RUN RD #606 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name SOMARRIBA IMMEL F. Street Address (P.O. Box Number is Not Acceptable) 1700 NE 19TH STREET #310 City MIAMI FL Zip Code 33179		
8. The above named entity certifies 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: DATE: 6-27-05					
<div> <div>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	SOMARRIBA, IMMEL F				
STREET ADDRESS	15650 BULL RUN RD #606				
CITY-ST-ZIP	MIAMI LAKES, FL 33014				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: DATE: 6-27-05 (786) 236-1328					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

JJ a/1

KIMS FLOORING, CORP.
1700 NE 191ST STREET #310
MIAMI, FL 33179
P04000034728

July 15, 2005

Florida Department of State
Division of Corporation
Reinstatement Section
P.O.Box 6327

Tallahassee FL 32314


Dear Mrs. Justice:

I would like to, please, request reinstatement and penalty exemption for late payment on the Annual Report for 2005. The reason is that I did not receive a notice about it.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well.

I will really appreciate your help and consideration to this matter. The above address is new, so please make that change in your records. Should you need any information, you can reach me at: (786)236-1328.

Sincerely,



Imnel F. Somarriba
President