## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** May 07, 2008 08:00 AN Secretary of State **DOCUMENT # P04000035777** A R. FLOORING INC Principal Place of Business Mailing Address PO BOX 590002 4444 S RIO GRANDE AVE. APT, 314 A ORLANDO, FL 32859 ORLANDO, FL 32839 05022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0644049 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGUIRRE, ANTONIO DO NOT WRITE 4444 S RIO GRANDE AVE. **APT. 314A** IN THIS SPACE ORLANDO, FL 32839 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. ! IOOOOO949598 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00" In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE AGUIRRE, ANTONIO NAME 4444 S RIO GRANDE AVE APT 314 A STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP +

> SIGNATURE AND PED OR PRINTED NAME OF OFFICER OR DIRECTOR

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