2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043889

Title:

Name: Address:

City-St-Zip:

TREA

SWINTON, PAUL

215 NE 14TH AVE.

(X) Delete

POMPANO BEACH, FL 33060

Entity Name: MONACO FLOORING INC.

FILED Jun 12, 2008 Secretary of State

_ y	101010100	T LOOKING IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
523 COUNTY RD 731 VENUS, FL 33960			215 NE 14TH AVE POMPANO BEACH,	215 NE 14TH AVE POMPANO BEACH, FL 33060	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
215 NE 141 POMPANO	TH AVE BEACH, FL	33060			
FEI Number:	20-0864398	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SWINTON, 215 NE 147 POMPANO		33060 US			
The above in the State		submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PR () SWINTON, PAU 215 NE 14TH A' POMPANO BEA	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) MONACO, DAR 523 COUNTY R VENUS, FL 339	OAD 731	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () MONACO, DAR 523 COUNTY R VENUS, FL 339	OAD 731	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL SWINTON PRES 06/12/2008

() Change () Addition