

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045563

FILED
Feb 07, 2005
Secretary of State

Entity Name: FLORIDA'S ALL FLOORING, INCORPORATED

Current Principal Place of Business:

3106 CATHERINE WHEEL CT.
ORLANDO, FL 32822 US

New Principal Place of Business:

2701 MICHIGAN AVE
STE C
KISSIMMEE, FL 34744 US

Current Mailing Address:

3106 CATHERINE WHEEL CT.
ORLANDO, FL 32822 US

New Mailing Address:

2701 MICHIGAN AVE
STE C
KISSIMMEE, FL 34744 US

FEI Number: 55-0860757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, HECTOR F
3106 CATHERINE WHEEL CT.
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, HECTOR F
Address: 3106 CATHERINE WHEEL CT.
City-St-Zip: ORLANDO, FL 32822 US

Title: VP () Delete
Name: DIAZ, JUAN G
Address: 3106 CATHERINE WHEEL CT.
City-St-Zip: ORLANDO, FL 32822

Title: T (X) Delete
Name: GARCIA, MAURICIO
Address: 10021 PORTOFINO DR.
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: GARCIA, MAURICIO
Address: 10021 PORTOFINO DR.
City-St-Zip: ORLANDO, FL 32832

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: HECTOR SALAZAR

PRES

02/07/2005

Electronic Signature of Signing Officer or Director

Date