# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2005**
**Secretary of State**

DOCUMENT# P04000049109

**Entity Name:** FLOORING SYSTEMS, INC.

**Current Principal Place of Business:**

16341 N.W. 16TH STREET
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

22 SE 4TH STREET
BOCA RATON, FL 33432 US

**Current Mailing Address:**

16341 N.W. 16TH STREET
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

22 SE 4TH STREET
BOCA RATON, FL 33432 US

**FEI Number: 20-0887717** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLTRONIERI, GARY
16341 N.W. 16TH STREET
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

MORRIS, JAN M ESQ
6622 PATIO LANE
BOCA RATON, FL 33433 US

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: JAN MICHAEL MORRIS 02/02/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete
Name: POLTRONIERI, GARY
Address: 16341 N.W. 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition
Name: POLTRONIERI, GARY
Address: 16341 N.W. 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: PD ( ) Change (X) Addition
Name: MORRIS, CRAIG B
Address: 22 SE 4TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Change (X) Addition
Name: MORRIS, RON
Address: 22 SE 4TH STREET
City-St-Zip: BOCA RATON, FL 33432

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: GARY POLTRONIERI VP 02/02/2005
Electronic Signature of Signing Officer or Director Date