Amended

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05 APR 13 AM 11:06

DOCUMENT # P04000049109

1. Entity Name
FLOORING SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~22 SE 4TH STREET~~<br>~~BOCA RATON, FL 33432~~ US | ~~22 SE 4TH STREET~~<br>~~BOCA RATON, FL 33432~~ US |

03312005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 16341 NW 16 ST | 16341 NW 16 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Pembroke Pines | Pembroke Pines |
| Zip 33028 County USA | Zip 33028 County USA |

4. FEI Number
20-0887717
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORRIS, JAN M ESQ~~
~~6602 PATIO DRIVE~~
~~BOCA RATON, FL 33433~~

7. Name and Address of New Registered Agent

Name: Gary Poltronieri
Street Address (P.O. Box Number is Not Acceptable): 16341 NW 16 ST
City: Pembroke Pines FL Zip: 33028

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.

SIGNATURE: X [signature] Pres. 4/6/05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>POLTRONIERI, GARY<br>16341 N.W. 16TH STREET<br>PEMBROKE PINES, FL 33028 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600052147176<br>04/26/05--01067--005 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MORRIS, CRAIG B<br>22 SE 4TH STREET<br>BOCA RATON, FL 33432 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Gary Poltronieri<br>16341 NW 16 ST<br>Pembroke Pines, FL 33028<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORRIS, RON<br>22 SE 4TH STREET<br>BOCA RATON, FL 33432 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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: X [signature] 4/6/05 Pres. 954-260-5980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #