## .

SIGNATURE:

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State 07-11-2006 90017 021 \*\*\*150.00 DOCUMENT # P04000050769 1. Entity Name FLORIDA FLOORS & DECOR CORP. 4.00000000 Principal Place of Business Mailing Address 2900 NW 79 AVENUE 2900 NW 79 AVENUE MIAMI, FL 33122 MIAMI, FL 33122 3. Mailing Address 2900 NW 79 AUENUE 2. Principal Place of Business 2900 NW 19 AUENUE Suite, Apt. #, etc. Suite Apt # etc 07052006 CR2E034 (11/05) Çity & State City & State 4. FEI Number Applied For Nimy Missour 84-1642519 Not Applicable Country Country \$8.75 Additional 33122 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALOMARES, LORENZO Street Address (P.O. Box Number is Not Acceptable) 6780 CORAL WAY MIAMI, FL 33155 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! 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 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition FRANCISCO J. FULLANA FONT NAME NAME STREET ADDRESS 9298 SW 166 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition FRANCISCO J. FULLANA DONES NAME NAME STREET ADDRESS 9298 SW 166 STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33157 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition KIROGLU, MURAT NAME NAME STREET ADDRESS 13341 SW 151 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP City-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 accurage 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.

GNING OFFICER OR DIRECTOR

FILED

Jul 11, 2006 8:00 am

7-05-06

305-716.9960