

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062289

Entity Name: ALTUS FLOOR COVERING, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

918 GLEASON PKWY  
CAPE CORAL, FL 33914

## New Principal Place of Business:

1403 NW 1ST AVE  
CAPE CORAL, FL 33993 US

## Current Mailing Address:

918 GLEASON PKWY  
CAPE CORAL, FL 33914

## New Mailing Address:

1403 NW 1ST AVE  
CAPE CORAL, FL 33993

FEI Number: 20-0981532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, EDUARDO H  
918 GLEASON PKWY  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

SILVA, MANOEL  
1403 NW 1ST AVE  
CAPE CORAL, FL 33993 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: MANOEL SILVA

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVA, MANOEL  
Address: 1583 MATTHEW DR #10  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA, MANOEL  
Address: 1403 NW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33993

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: MANOEL SILVA

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date