

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-08-2006 90289 021 ***150.00

DOCUMENT # P04000069065

1. Entity Name
FINE TOUCH FLOOR COVERINGS, INC.



Principal Place of Business Mailing Address

**724 SW 81 AVENUE
APT. 9A
NORTH LAUDERDALE FL 33068**

**724 SW 81 AVENUE
APT. 9A
NORTH LAUDERDALE FL 33068**

2. Principal Place of Business 3. Mailing Address

190 S.E. 12 AVE. **190 S.E. 12 AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

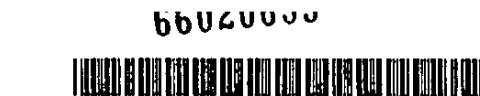
APT. # 2A **APT. # 2A**

City & State City & State

POMPANO BEACH FL. **POMPANO BEACH FL.**

Zip Country Zip Country

33060 USA, 33060 USA,



FEI 33-1119010

FEI 33-1119010

1st MOORE CR2E034 (10/05)

4. FEI Number AP-PLIED FOR

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIS, MARIA
724 SW 81 AVENUE
APT. 9A
NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name **ELLIS, MARIA**

Street Address (P.O. Box Number is Not Acceptable)
190 SE 12 AVE APT #2A

City **POMPANO BEACH** FL Zip Code **33060**

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 Robert A. Ellis **ROBERT A. ELLIS** 2/10/06

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when (re)state(s)) DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	ELLIS, MARIA	724 SW 81 AVENUE, APT. 9A	NORTH LAUDERDALE FL 33068	☐
V	ELLIS, ROBERT	724 SW 81 AVENUE, APT. 9A	NORTH LAUDERDALE FL 33068	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change ☐ Addition
P	ELLIS, MARIA	190 SE 12 AVE APT 2A	POMPANO BEACH FL. 33060	☒
VP	ELLIS, ROBERT	190 SE 12 AVE APT 2A	POMPANO BEACH FL. 33060	☒
				☐
				☐
				☐
				☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert A. Ellis **ROBERT A. ELLIS V.P.** 2/10/06 954-274-8579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone