

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

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| DOCUMENT # P04000074514 1. Entity Name FLOORS DIRECT, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2030 SW 71 TERRACE 0-7 DAVIE, FL 33317 | | Mailing Address 2030 SW 71 TERRACE 0-7 DAVIE, FL 33317 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 7080 STATE ROAD 84 Suite, Apt. #, etc. UNIT 7 City & State DAVIE FL Zip 33317 | | 3. Mailing Address 7080 STATE ROAD 84 Suite, Apt. #, etc. UNIT 7 City & State DAVIE FL Zip 33317 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country BROWARD | | Country BROWARD | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MILEGUIR, SERGIO M 2030 SW 71 TERRACE 0-7 DAVIE, FL 33317 | | 7. Name and Address of New Registered Agent Name MILEGUIR, SERGIO M Street Address (P.O. Box Number is Not Acceptable) 7080 STATE ROAD 84 UNIT 7 City DAVIE FL Zip Code 33317 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILEGUIR, SERGIO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2030 SW 71 TERRACE 0-7</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE, FL 33317</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | MILEGUIR, SERGIO M | | STREET ADDRESS | 2030 SW 71 TERRACE 0-7 | | CITY-ST-ZIP | DAVIE, FL 33317 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MILEGUIR, SERGIO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7080 STATE ROAD 84 UNIT 7</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE FL 33317</td> <td></td> </tr> </table> | | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MILEGUIR, SERGIO M | | STREET ADDRESS | 7080 STATE ROAD 84 UNIT 7 | | CITY-ST-ZIP | DAVIE FL 33317 | |
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| 12. I hereby 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Date</small> | | <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | |