

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90236 008 ***150.00

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1. Entity Name
SIMEX FLOOR COVERING CORP



Principal Place of Business
**1458 PARK SHORE CIRCLE # 4
FORT MYERS, FL 33901**

Mailing Address
**1458 PARK SHORE CIRCLE # 4
FORT MYERS, FL 33901**

20043943

2. Principal Place of Business
329 SW 20 ST
Suite, Apt. #, etc.

3. Mailing Address
329 SW 20 ST
Suite, Apt. #, etc.



03252005 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL, FL
Zip
33991 Country

City & State
CAPE CORAL, FL
Zip
33991 Country

4. FEI Number
20-1113841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DOS SANTOS, JEFFERSON
5251 RED CEDAR DRIVE
19
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DOS SANTOS, JEFFERSON**
STREET ADDRESS **5251 RED CEDAR DR -APT 19**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **VP** ☐ Delete
NAME **FLORES, MARTIN**
STREET ADDRESS **5427 3RD AVENUE**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DOS SANTOS, JEFFERSON** ☐ Change ☐ Addition
NAME **329 SW 20TH ST**
STREET ADDRESS **CAPE CORAL, FL 33991**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **772-7136** Daytime Phone