

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 045 ***150.00

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DOCUMENT # P04000086036 1. Entity Name FLOORING, RENOVATIONS & CONSTRUCTION, INC.			
Principal Place of Business 5440 NORTH STATE RD 7 #208 FT. LAUDERDALE, FL 33319		Mailing Address 5440 NORTH STATE RD 7 #208 FL LAUDERDALE, FL 33319	
2. Principal Place of Business 3201 Griffin Rd Suite, Apt. #, etc. #204		3. Mailing Address 3201 Griffin Rd #204 Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL Zip 33312 Country		City & State Ft. Lauderdale, FL Zip 33312 Country	
4. FEI Number 20-1196269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAIET, PAUL 5440 NORTH STATE RD 7 #208 FT. LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3201 Griffin Rd. #204 City Ft. Lauderdale FL Zip Code 33312	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAIET, PAUL 5440 N STATE RD 7 #208 FT. LAUDERDALE, FL 33319	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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:		2/6/06 954-985-5516	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	