## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 07, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P04000087014** 1. Entity Name R & R FLOOR INSTALLATION INC Principal Place of Business Mailing Address 2410 GARDEN ST 2410 GARDEN ST AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1198461 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, REINALDO DO NOT WRITE 2410 GARDEN ST AUBURNDALE, FL 33823 IN THIS SPACE

8. The above named entity submits this statement for the purpose of changi	ling its registered office or registered agent, or both, in the state of Flor	ca. Tam tammar with, and accept
the obligations of registered agent.		
SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

> RIVERA, REINALDO 2410 GARDEN ST

AUBURNDALE, FL 33823

10. TITLE NAME

STREET ADDRESS

CITY-ST-7/P

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Applied For

Not Applicable

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR