

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90026 023 ***150.00

DOCUMENT # P04000087845	
1. Entity Name SML FLOORING, INC.	

Principal Place of Business 1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	Mailing Address 1900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805
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2. Principal Place of Business 5156 millenia blvd	3. Mailing Address 5156 millenia blvd
Suite, Apt. #, etc. # 207	Suite, Apt. #, etc. # 207
City & State Orlando-FL	City & State Orlando-FL
Zip 32839	Country USA

03272005 Chg-P CR2E034 (10/03)

4. FEI Number
201209605

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

6. Name and Address of Current Registered Agent DIAS, SERGIO B 5156 MILLENIA BLVD APT #207 ORLANDO, FL 32839	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 for all registrations) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DIAS, SERGIO B		NAME	
STREET ADDRESS 5156 MILLENIA BLVD APT. # 207		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO, FL 32839		CITY-STATE-ZIP	
TITLE VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME VASCONCELOS, MATHEUS R		NAME	
STREET ADDRESS 5548 METROWEST BLVD APT #209		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO, FL 32811		CITY-STATE-ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME VASCONCELOS, LUCAS R		NAME	
STREET ADDRESS 5548 METROWEST BLVD APT #209		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO, FL 32811		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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: Sergio Dias **03/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Month Year