2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000092176

1. Entity Name

SERGIO'S FLOOR INSTALLATION, INC.



FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90513 034 ***150.00

Principal Place of Business Mailing Address 2901 N DALE MABRY HWY 2901 N DALE MABRY HWY 50045167 **SUITE 708** SUITE 708 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 CR2E034 (10/03) 4. FEI Number / 274748 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name YILMAZ, MUSTAFA S SR. Street Address (P.O. Box Number is Not Acceptable) 2901 N DALE MABRY HWY **SUITE 708 TAMPA, FL 33607** City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change YILMAZ, MUSTAFA S SR. NAME NAME STREET ADDRESS 2901 N DALE MABRY HWY SUITE 708 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 frue 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

MUSTAFA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SELCUK YILMAZ 04/28/05