2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # P04000098973 1. Entity Name 05-02-2005 90443 016 ***150.00 A. B. EURO-FLOORING CO. Principal Place of Business Mailing Address 724 NE 4TH ST - # 7 HALLANDALE FL 33009 724 NE 4TH ST - # 7 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 1450 ATCANTIC SHOKES BLVA 1450 ATC ANTIC SHORES BUD 1st MOORE CR2E034 (10/04) 4. FEI Number 04-37946 City & State Applied For Not Applicable Country BROWARD \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALAMICA ADRIAM BALANICA, ADRIAN Street Address (P.O. Box Number is Not Acceptable) 1450 ATCAMT 724 NE 4TH ST - # 7 HALLANDALE FL 33009 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. 04.24.05 SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE THE □ Delete BALANICA ADRIANI BALANICA, ADRIAN NAME NAME 1450 ATCANTIC SHORES BLVD # 1/8 HALLANDAGO FL 33009 724 NE 4TH ST - # 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE neitibbA 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIE CITY-SI-ZIP TITLE TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete ☐ 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 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 cath; 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED