

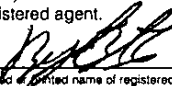
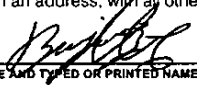


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90272 043 ***150.00

DOCUMENT # P04000108026					
1. Entity Name BENJI'S FLOORING CORP.					
Principal Place of Business 784 Balsa Drive Altamonte Springs, FL 32714 US			Mailing Address 784 Balsa Drive Altamonte Springs, FL 32714 US		
2. Principal Place of Business 2535 W. Oak Ridge Rd. Suite, Apt. #, etc. Apt. # 608 B City & State Orlando FL Zip 32809		3. Mailing Address 2535 W. Oak Ridge Rd. Suite, Apt. #, etc. Apt. #608 B City & State Orlando FL Zip 32809			
01042006 Chg-P CR2E034 (11/05)		4. FEI Number 20-1393320		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 CRUZ, BENJAMIN Z 784 Balsa Drive Altamonte Springs, FL 32714			7. Name and Address of New Registered Agent Name Benjamin Z. Cruz Street Address (P.O. Box Number is Not Acceptable) 2535 W. Oak Ridge Rd #608 B City Orlando FL Zip Code 32809		
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  DATE 01-05-06 <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 <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 CRUZ, BENJAMIN Z 784 Balsa Drive Altamonte Springs, FL 32714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cruz, Benjamin Z 2535 W. Oak Ridge Rd #608-B Orlando, FL 32809
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 		01-05-06		321 662 90 60	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	