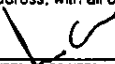


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-18-2007 90112 003 ***150.00

DOCUMENT # P04000113886 1. Entity Name CAMBARERI FLOORING, INC.					
Principal Place of Business 6606 STARDUST LN 243 ORLANDO, FL 32818			Mailing Address 6606 STARDUST LN 243 ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box # 4465 Lenox Bv		3. Mailing Address 4465 Lenox Bv			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, Fl		City & State Orlando, Fl		4. FEI Number 20-1452880	
Zip 32811		Country Orange		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMBARERI, ADRIANA 6606 STARDUST LN 243 ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>01-05-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CAMBARERI, ADRIANA 6606 STARDUST LN #243 ORLANDO, FL 32818 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4465 Lenox Bv Orlando, Fl 32811 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACOSTA, MARIA P 6606 STARDUST LN #243 ORLANDO, FL 32818 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4465 Lenox Bv Orlando, Fl 32811 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>02-16-07</u> Daytime Phone #		