FILED
Feb 22, 2007 8:00 am
Secretary of State
01-18-2007 90112 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113886

1. Entity Name
CAMBARERI FLOORING, INC.

Principal Place of Business	Mailing Address
6606 STARDUST LN 243 ORLANDO, FL 32818	6606 STARDUST LN 243 ORLANDO, FL 32818

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4465 Lenox Bv		4465 Lenox Bv	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Fl		City & State: Orlando, Fl	
Zip: 32811	Country: Orange	Zip: 32811	Country: Orange

4. FEI Number 20-1452880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMBARERI, ADRIANA 6606 STARDUST LN 243 ORLANDO, FL 32818	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 X 01-05-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: X 02-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #