

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119995

Entity Name: AMERICAN FLOOR CARE, INC.

FILED
Sep 07, 2006
Secretary of State

Current Principal Place of Business:

2033 W 62 ST # 245
HIALEAH, FL 33016

New Principal Place of Business:

6501 S.W. 2ND ST.
PEMBROKE PINES, FL 33023

Current Mailing Address:

2033 W 62 ST # 245
HIALEAH, FL 33016

New Mailing Address:

6501 S.W. 2ND ST.
PEMBROKE PINES, FL 33023

FEI Number: 56-2481184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, ELVIA
2033 W 62 ST # 245
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

SOTO, ELVIA
6501 S.W. 2ND ST.
PEMBROKE PINES, FL 33023 US

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.

SIGNATURE: ELVIA P SOTO

09/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTO, ELVIA P
Address: 2033 W 62 ST # 245
City-St-Zip: HIALEAH, FL 33016

Title: V () Delete
Name: SOTO, ROBERTO
Address: 2033 W 62 ST # 245
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTO, ELVIA P
Address: 6501 S.W. 2ND ST.
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V (X) Change () Addition
Name: SOTO, ROBERTO
Address: 6501 S.W. 2ND ST.
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIA P SOTO

P

09/07/2006

Electronic Signature of Signing Officer or Director

Date