2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90306 046 ***150.00

DOCUMENT # P04000121345

1. Entity Name
ESPINOSA FLOOR COVERING, INC.

Principal Place of Business	Mailing Address
1007 SE WALTON LAKES DRIVE PORT ST. LUCIE, FL 34952	1007 SE WALTON LAKES DRIVE PORT ST. LUCIE, FL 34952

66013172

2. Principal Place of Business	3. Mailing Address
3641 S.W. Mastlunas St	3641 SW Masilunas St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State: Port St Lucie FL
Zip: 34953 Country: St Lucie	Zip: 34953 Country: St Lucie

04072006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1522642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESPINOSA, ROMAN
1007 SE WALTON LAKES DRIVE
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3641 S.W. Masilunas St

City: Port St Lucie FL Zip Code: 34953

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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/D ESPINOSA, ROMAN 1007 SE WALTON LAKES DRIVE PORT ST. LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3641 S.W. Masilunas St Port St Lucie FL 34953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PEREZ, MARLEN 1007 SE WALTON LAKES DRIVE PORT ST LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3641 S.W. Masilunas St Port St Lucie FL 34953	☒ Change ☐ 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: [signature] 04/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #