


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

06-30-2005 90002 050 ***150.00
09-09-2005 90034 021 ***400.00

DOCUMENT # P04000122413 1. Entity Name MEDELLIN FLOORING INC					
Principal Place of Business 2216 W GARDEN DRIVE CITRUS SPRING, FL 34434			Mailing Address 2216 W GARDEN DRIVE CITRUS SPRING, FL 34434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0820236	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MONSALVE, JOSE F 2216 W GARDENIA DRIVE CITRUS SPRING, FL 34434				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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 \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONSALVE, JOSE F		NAME		
STREET ADDRESS	2216 W GARDENIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CITRUS SPRING, FL 34434		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Jose F. Monsalve</u>		Date <u>6-27-05</u> / Daytime Phone # <u>352 795 6911</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Jose F. Monsalve</u>					

50066180



05202005 Chg-P CR2E034 (10/03)

**ATTACHMENT**
Division of Corporations**Annual Report**

Document Number

P04000122413

Business Entity Name

MEDELLIN FLOORING INC

FEI Number

010820236

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

2216 W GARDEN DRIVE

Suite, Apt. #, etc.

City, State

CITRUS SPRING**FL**

Zip Code & Country

34434**Mailing Address**

Address

2216 W GARDEN DRIVE

Suite, Apt. #, etc.

City, State

CITRUS SPRING**FL**

Zip Code & Country

34434**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

MONSALVE**JOSE****F**

-or- RA Business Name

Address

2216 W GARDENIA DRIVE

Suite, Apt. #, etc.

City, State

CITRUS SPRING**FL**

Zip Code & Country

34434**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgeries under s.87.19(6), Florida Statutes

ATTACHMENT 50066180
PO000122413

Officer/Director Name And Address

Title P

Name (Last, First, Middle, Title) MONSALVE JOSE F

-or- Entity Name

Street Address 2216 W GARDENIA DRIVE

City, State CITRUS SPRING FL

Zip Code & Country 34434

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

ATTACHMENT

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

P #570.266480
50054251 Monsalve & Co
Medellin Flooring Inc.
2216 W. Gardenia Dr.
Citrus Springs, FL
34434 - Citrus.

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

P. Jose F. Monsalve
Jose F. Monsalve

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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