## 2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	KEINSTA	I EIVIEIV I							
DOCUMENT # P04000139460						FILED			
1. Entity Name ENRIQUE FLOORING INC.			·		06 MAY -4 PM 1: 21				
				We we		<b>\$</b> 4228	RETARY OF STA	\ <b>4</b> C	
Principal Place	e of Business	Mailing Address				1 <u>2</u> 11	AHASSEE, FLO	RIGA	
180 E 9TH ST APT #6	TREET	180 E 9TH STREET APT #6				7766	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
HIALEAH, FL	33010	HIALEAH, FL 33010			1 (200000) 411			801 D 1884	
Principal Place of Business									
85 WEST 6 ST APT 42 85 WEST 6 ST			T A	PT 42					
Suite, Apt. #, etc. HIALEAH FL		Suite, Apt. #, etc.  HIALEAH FL			ل 04262006 U	b REIN-RE√ . U	CR2E098 (11055	T-0h	
City & State		City & State			4. FEI Numbe	er .		plied For	
		Zip Country			20-1862471   Not Applicable				
Zip Country 33010 USA		Zip Coun' 33010		USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current R		egistered Agent		7. Name and Address of New Registered Agent					
ENRIQUE, RADAMES NEW ADDRESS				Name					
180 E 9TH STREET 85 WEST 6 ST APT 42				Street Address (P.O. Box Number is Not Acceptable)					
APT#6 HIALEAH FL 33010 HIALEAH FL 33010									
•				City			FL Zip Code	<del>,</del>	
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
• FII	LE NOW!!! FEE IS \$300.00				,		rith s. 607.193(2)(b), finot receive the prior n		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11	
TITLE	P Delete			E			☐ Change	Addition	
NAME STREET ADDRESS	ENRIQUE, RADAMES NEW ADDRESS 180 E 9TH STREET, APT #6 85 W 6 ST APT 42			EET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33010 HIALEAH FL 33010			'- ST-ZIP					
TITLE	☐ Delete		TITL	<b>I</b>			☐ Change	☐ Addition	
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CITY-ST-ZIP			-	'-ST-ZIP	1) (3/1	V			
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STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		□ Pater	_	r-ST-ZIP			Change	Mddition	
TITLE NAME		☐ Delete	TITL Nan	1			☐ Change	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	cartify that the information assentiad with	this filing does not qualify by		r-ST-ZIP	ned in Chapter 110	Florida Statuton I	further codify that the i-	tormation	
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: 04-26-06 (786) 712 8956									
SHORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									