## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2008 8:00 am Secretary of State DOCUMENT # P04000139460 1. Entity Name 04-16-2008 90021 047 \*\*\*150.00 ENRIQUE FLOORING INC. Principal Place of Business Mailing Address 85 WEST 6 ST 85 WEST 6 ST 60024104 APT 42 APT 42 HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 1505 Fort Meade Place 1505 Fort Meade Place Suite, Apt. #, etc. Suite Apt. # etc. 01092008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State kisssimmee FI kisssimmee FI 20-1862471 Not Applicable Country \$8.75 Additional 34759 5. Certificate of Status Desired Usa 34759 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENRIQUE, RADAMES New address Street Address (P.O. Box Number is Not Acceptable) **85 WEST 6 ST** 1505 Fort Meade Place **APT 42** HIALEAH, FL 33010 kisssimmee FI 34759 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEÉ IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS'AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE MILE ☐ Addition ☐ Change ENRIQUE, RADAMES New address NAME NAME 85 WEST 6 ST APT 42 1505 Fort Meade Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 kisssimmee FI 34759 CITY-ST-ZIP TITLE ☐ Delete mie ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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:

FILED