


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90021 047 \*\*\*150.00

**DOCUMENT # P04000139460**

1. Entity Name  
**ENRIQUE FLOORING INC.**



Principal Place of Business      Mailing Address

**85 WEST 6 ST**      **85 WEST 6 ST**  
**APT 42**      **APT 42**  
**HIALEAH, FL 33010**      **HIALEAH, FL 33010**

**60024104**



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)

City & State      City & State

**kissimmee Fl**      **kissimmee Fl**

Zip      Country      Zip      Country

**34759**      **Usa**      **34759**      **Usa**

4. FEI Number      Applied For

**20-1862471**      **Not Applicable**

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

6. Name and Address of Current Registered Agent

**ENRIQUE, RADAMES**  
**85 WEST 6 ST**  
**APT 42**  
**HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ENRIQUE, RADAMES</b>	<b>New address</b>
STREET ADDRESS	<b>85 WEST 6 ST APT 42</b>	<b>1505 Fort Meade Place</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33010</b>	<b>kissimmee Fl 34759</b>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_ **BADAMES Enrique (President)**      Date: \_\_\_\_\_ **(786) 712 8956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #