2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: *

FILED Apr 07, 2008 8:00 am Secretary of State

754_ 367-1868 Daytime Phone •

04-04 08 Date

DOCUMENT # P04000142084 1. Entity Name PROGRESS FLOORING, INC.					04-07-2008 90055 014 ***150.00				
Principal Place	e of Business	Mailing Address							
2814 SW 12TH ST 2814 SW 12TH ST DEERFIELD BCH, FL 33442 DEERFIELD BCH, FL 33		-2							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4411 NW G15+ Place 4411 NW G15+			+ Place						
Suite, Apt. #, etc. Suite, Apt. #, etc.				7	02132008	Chg-P	CR2E034 (12/06)		
City & State			K, FL)	4. FEI Numbe 20-1752			pfied For t Applicable	
^{zip}	073 Groward	33073 6	Country	\geq		of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C. A. J. T. O. C. C. C. D. D. T. O. C. C. C. D. D. T. O. C. C. C. D. D. T. O. C. D.									
SANTOS, ANDERSON 2814 SW 12TH ST				Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BCH, FL 33442			44	111	NW 6	1st Place	°		
				City Coconut Creek FL Zip Code 33013					
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. ANDERSON SANTOS 14-04-08									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	5 IN 11	
TITLE	PD	☐ Delete	TITLE	PD	11	UNE 4604	Change	Addition	
NAME STREET ADDRESS	SANTOS, ANDERSON 2814 SW 12TH ST		NAME STREET ADDRESS	2K1	LNIM GI	VDERSON St Place			
CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP	(20)	conut C	ree.K.FL			
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TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					1	
CITY-ST-ZIP			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 although like empowered.									