2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

ANNUAL REPORT				_ Secretary of State
DOCUMENT # P04000147639				03-19-2007 90051 022 ***150.00
1. Entity Name BDV FLOORING, INC.				
Principal Plac	ce of Business	Mailing Address		40036605
		3411 NW 9 AVE MIAMI, FL 33127		4000000
		W IDAVE		
Suite, Apt. #, etc. Suite, Apt. #, etc. # 207 # 207			03142007 Chg-P CR2E034 (12/06)	
City & State City & State Ling II		FL	4. FEI Number Applied For 58-2684678 Not Applicable	
Zip 33/	27 Country DADE	Zip 3347	Country DA DE	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
CRUZ, PASCUAL				ss (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				
Signature, typed or printed name of registered agent and letter applicable. (NOTF Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, PASCUAL 3411 NW 9 AVE MIAMI, FL 33127	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRUZ PASCUAL. Addition 2525 NW 10 AVE #207 Minuti FL 33127
TITLE	VP ALVARADO, BLANÇA	Relete	THLE	ACVARADO, Blanca Change Addition
STREET ADDRESS	3411 NW 9 AVE		STREET ADDRESS	1515 NW 10 AVE A101
TITLE	MIAMI, FL 33127	☐ Delete	CHY-ST-ZIP	Mirani KC 33127.
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZiP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP THLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-S1-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling 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 groupwered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/07 (305)9623