

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159683

FILED
Aug 25, 2008
Secretary of State

Entity Name: MIRACLE HANDS FLOORING SYSTEM, INC.

Current Principal Place of Business:

3355 SW 2ND ST.
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3355 SW 2ND ST.
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-1921738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPAÑO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
2ND FLOOR
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: TAX HOUSE CORPORATION

08/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDES, SAULO
Address: 6800 NW 39TH AVE #125
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD () Delete
Name: MARQUES, AFRANIO
Address: 6800 NW 39TH AVE #125
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERNANDES, SAULO
Address: 3355 SW 2ND ST.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD (X) Change () Addition
Name: MARQUES, AFRANIO
Address: 3355 SW 2ND ST.
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAULO FERNANDES

PRES

08/25/2008

Electronic Signature of Signing Officer or Director

Date