

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166281

Entity Name: CENTER FLOORS CORP.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

5569 BENTON ST.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5569 BENTON ST.
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-1990814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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: P () Delete
Name: UENO, JULIO M
Address: 2400 LOLA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33973

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UENO, JULIO M
Address: 5569 BENTON ST.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Change (X) Addition
Name: BRITO, RICARDO D
Address: 5569 BENTON ST.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Change (X) Addition
Name: BRAZ, WALTER F
Address: 5569 BENTON ST.
City-St-Zip: LEHIGH ACRES, FL 33971

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: JULIO M UENO

P

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date