## **2007 FOR PROFIT CORPORATION**

**FILED** Feb 28. 2007 08:00 Al

	ANNUAL	KEPUKI				20, 2007 00:00
DOCU	MENT # P050000051				Secretary of Sta	
1. Entity Name						
ESPINO FLOORS INC.						
Principal Plac		Mailing Address				
15630 SW 6 MIAMI, FL 3		15630 SW 60 ST Miami, Fl 33193				
						## <b>##</b> ################################
DO NOT WRITE IN THIS SPACE			CE	02142007	No Chg-P	CR2E034 (11/05)
			V L	4. FEI Numb 20-215		Applied For Not Applicable
					of Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent	· -	1 00,000	7 01 010100 0 001100	Fee Required
ESPINO, ROSARIO BELEN 15630 SW 60 ST			DO NOT WRITE			
MIAMI, FL 33193			IN THIS SPACE			
				•••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. The above	named entity submits this statement for the	e purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept
	ions of registered agent.					,
SIGNATURE.	Signature, typed or printed name of registered agent and	trie if annicanie /NOTE Register	- ed Agent signature require	d when reinstalland	-	DATE
	organisma, typeo as preside vierno es regimiendo esperir ano	1		o mromon (data (g)		
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	i.00 May Be U00000651160 ded to Fees 03/08/07-80043-008 150.00		
10.	OFFICERS AND DI	RECTORS		•	•	
TITLE NAME	ESPINO, ROSARIO BELEN					
STREET ADDRESS	15630 SW 60 ST		1			
CITY-SI-ZIP TITLE	MIAMI, FL 33193					
NAME						:
STREET ADDRESS CITY-ST-ZIP			1			
MTE			1			
NAME STREET ADDRESS			1		_	
CITY ST-ZIP				DO	NOT W	RITE
RILE			1	IN '	THIS SE	PACE
NAME STREET ADDRESS				•••		
CITY-ST-ZIP			_			
TITLE NAME						
STREET ADDRESS						
CATY - ST - ZIP			1			
TITLE NAME	•					
STREET ADDRESS						

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 it 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: 土

CHY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR