

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 040 ***150.00

DOCUMENT # P05000011906 1. Entity Name ALEX FLOORING SERVICES INC.			
Principal Place of Business 4121 RESIDENT DR #302 FORT MYERS, FL 33901		Mailing Address 8461 BERNWOOD COVE LOOP #309 FORT MYERS, FL 33966	
2. Principal Place of Business - No P.O. Box # 4267 BellaSol Cir Suite, Apt. #, etc. 2123		3. Mailing Address 4267 BellaSol Cir Suite, Apt. #, etc. 2123	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33916	Country USA	Zip 33916	Country USA
4. FEI Number 20-2235344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DA SILVEIRA, ALEXANDRE 4121 RESIDENT DR #302 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name _____ Street Address (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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME DA SILVEIRA, ALEXANDRE	<input type="checkbox"/> Delete	
STREET ADDRESS 4121 RESIDENT DR #302	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FORT MYERS, FL 33901	4267 BellaSol Cir 2123 Fort Myers - FL 33916		
TITLE VP	NAME NETO, JOAO N	<input type="checkbox"/> Delete	
STREET ADDRESS 8461 BERNWOOD COVE LOOP #309	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP FORT MYERS, FL 33966	4267 BellaSol Cir 2123 Fort Myers - FL 33916		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	_____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	_____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.			
SIGNATURE: <i>Da Silveira</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 03/01/2008 Daytime Phone #: 239-8877676	