

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 AM 8:37

DOCUMENT # P05000011906 . 1. Entity Name ALEX FLOORING SERVICES INC.																																																																																																																																							
Principal Place of Business 4267 BELLA SOL CIR, STE. 2423 FORT MYERS, FL 33916		Mailing Address 4267 BELLA SOL CIR, STE. 2423 FORT MYERS, FL 33916																																																																																																																																					
2. Principal Place of Business - No P.O. Box # 4267 Bella Sol Cir Suite, Apt. #, etc. 2123		3. Mailing Address 4267 Bella Sol Cir Suite, Apt. #, etc. 2123																																																																																																																																					
City & State Fort Myers - FL Zip 33916 Country USA		City & State Fort Myers - FL 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 Alexandre da Silva Street Address (P.O. Box Number is Not Acceptable) 4267 Bella Sol Cir 2123 City Fort Myers FL Zip Code 33916																																																																																																																																					
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>																																																																																																																																							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																							
Date 3/31/2008		Daytime Phone # (239) 887-7676																																																																																																																																					



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