

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90219 034 ***150.00



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DOCUMENT # P05000016070				1. Entity Name SUNSTATE ACCESS FLOORS, INC.	
Principal Place of Business		Mailing Address			
722 RIDGE ROAD #1 LANTANA, FL 33462 US		722 RIDGE ROAD #1 LANTANA, FL 33462 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4567326	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORDSTROM, RALF C 722 RIDGE ROAD #1 LANTANA, FL 33462			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 _____ (NOTE: Registered Agent's signature required when remaining)					
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		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE		
NAME	NORDSTROM, RALF C		NAME		
STREET ADDRESS	722 RIDGE ROAD #1		STREET ADDRESS		
CITY - ST - ZIP	LANTANA, FL 33462		CITY - ST - ZIP		
TITLE	CP		TITLE		
NAME	NORDSTROM, RALF C		NAME		
STREET ADDRESS	722 RIDGE ROAD #1		STREET ADDRESS		
CITY - ST - ZIP	LANTANA, FL 33462		CITY - ST - ZIP		
TITLE	TS		TITLE		
NAME	NORDSTROM, RALF C		NAME		
STREET ADDRESS	722 RIDGE ROAD #1		STREET ADDRESS		
CITY - ST - ZIP	LANTANA, FL 33462		CITY - ST - ZIP		
TITLE			TITLE		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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>Ralf Nordstrom</i>		4-28-08		973-768-5970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date-time Phone *	