

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 002 ***150.00

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1. Entity Name
FLOORS BY CLAUDIO, INC.



Principal Place of Business
3968 NW GOLDENROD RD #306
JENSEN BCH, FL 34957

Mailing Address
3968 NW GOLDENROD RD #306
JENSEN BCH, FL 34957

40017949



2. Principal Place of Business
3490 SW Pluto ST.
Suite, Apt. #, etc.

3. Mailing Address
3490 SW Pluto ST
Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State
Port Saint Lucie, FL
Zip 34953 Country USA

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Port Saint Lucie FL
Zip 34953 Country USA

4. FEI Number
61-1483327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name Claudio Farina
Street Address (P.O. Box Number is Not Acceptable)

3490 SW Pluto Street
City Port Saint Lucie FL Zip Code 34953

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: Claudio Farina DATE: 2/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FARINA, CLAUDIO
STREET ADDRESS 3968 NW GOLDENROD RD #306
CITY-ST-ZIP JENSEN BCH, FL 34957

TITLE D ☐ Delete
NAME FARINA, CLAUDIO
STREET ADDRESS 3968 NW GOLDENROD RD #306
CITY-ST-ZIP JENSEN BCH, FL 34957

TITLE D ☐ Delete
NAME MADRAZO FARINA, JULIENNE
STREET ADDRESS 3968 NW GOLDENROD RD #306
CITY-ST-ZIP JENSEN BCH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Claudio Farina DATE: 2/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #