[illegible]

02-02-2006 90072 050 ***150.00
P05000029067

FILED

06 JUL 26 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000029067

1. Entity Name
BELMARES BROS. FLOORING, INC.

Principal Place of Business 504 SOUTH 10TH AVENUE WAUCHULA, FL	Mailing Address POST OFFICE BOX 2573 WAUCHULA, FL 33873
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2424520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELMARES, JORGE
504 SOUTH 10TH AVENUE
WAUCHULA, FL 33873

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BELMARES, GUADALUPE POST OFFICE BOX 2573 WAUCHULA, FL 33873	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ☐ Change ☑ Addition BELMARES, GUADALUPE PO Box 2573 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BELMARES, JORGE POST OFFICE BOX 553 BOWLING GREEN, FL 33834	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☐ Change ☑ Addition Belmares, Jorge PO Box 553 Bowling Green, FL. 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 8637812785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 7/31