

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000029067 1. Entity Name BELMARES BROS. FLOORING, INC.	
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Principal Place of Business 504 SOUTH 10TH AVENUE WAUCHULA, FL	Mailing Address POST OFFICE BOX 2573 WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

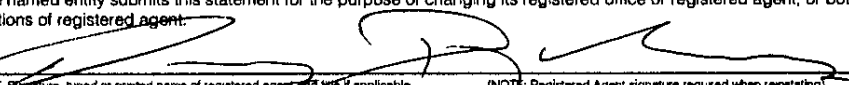
4. FEI Number 20-2424520	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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  DATE 7-3-07

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

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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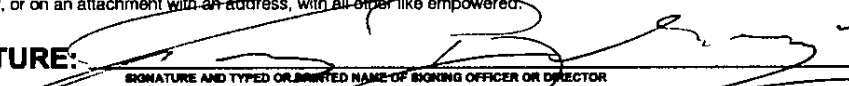
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BELMARES, GUADALUPE POST OFFICE BOX 2573 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BELMARES, JORGE POST OFFICE BOX 553 BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000766882
07/05/07-80001-023 150.00

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IN THIS SPACE**

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:  **7-3-07** **863-781-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2785