
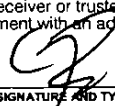


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90045 025 \*\*\*150.00

<b>DOCUMENT # P05000063217</b>			
1. Entity Name FLOOR DESIGN GROUP, INC.			
Principal Place of Business 2456 FLAMINGO DRIVE #10 MIAMI BCH, FL 33140		Mailing Address 2456 FLAMINGO DRIVE #10 MIAMI BCH, FL 33140	
2. Principal Place of Business - No P.O. Box # 2456 Flamingo Dr. Suite, Apt. #, etc. 12		3. Mailing Address 2456 Flamingo Dr. Suite, Apt. #, etc. 12	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country US	Zip 33140	Country US
6. Name and Address of Current Registered Agent PROKOPETZ, GUSTAVO 2456 FLAMINGO DRIVE #10 MIAMI BCH, FL 33140		7. Name and Address of New Registered Agent Name: Gustavo Prokopetz Street Address (P.O. Box Number is Not Acceptable): 2456 Flamingo Dr. #12 City: Miami Beach FL Zip Code: 33140	
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: Gustavo Prokopetz / Pm. DATE: 3/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PROKOPETZ, GUSTAVO 2456 FLAMINGO DRIVE #12 MIAMI BCH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Gustavo Prokopetz / Pm. 3/12/07 786-488-9060.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40058652



03122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2889230 Applied For Not Applicable

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