2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000063217

FLOOR DESIGN GROUP, INC.

Principal Place of Business

2456 FLAMINGO DRIVE #12 MIAMI BCH, FL 33140

Mailing Address

2456 FLAMINGO DRIVE #12 MIAMI BCH, FL 33140

FILED Apr 28, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03122008

4. FEI Number 20-2889230

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROKOPETZ, GUSTAVO 2456 FLAMINGO DRIVE #12 MIAMI BCH, FL 33140

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.	

(NOTE: Registered Agent signature required when reinstating)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE PROKOPETZ, GUSTAVO NAME STREET ADDRESS 2456 FLAMINGO DRIVE #12 MIAMI BCH, FL 33140 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

U00000929876 05/21/08-80087-006 150.00

DATE

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 applicase, with all other like empowered.

SIGNATURE:

TITLE

TITLE

NAME STREET ADORESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

4-5-08

Daytime Phone # Date