

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 022 ***150.00

DOCUMENT # P05000067178					
1. Entity Name D & T FLOOR COVERING, CORP.					
Principal Place of Business 2945 NE 8TH TERRACE UNIT 204 WILTON MANORS, FL 33334 US			Mailing Address 2945 NE 8TH TERRACE UNIT 204 WILTON MANORS, FL 33334 US		
2. Principal Place of Business 1100 E. OAKLAND PARK BLVD Suite, Apt. #, etc. 210		3. Mailing Address 1100 E. OAKLAND PARK BLVD Suite, Apt. #, etc. 210			
City & State OAKLAND PARK FL		City & State OAKLAND PARK FL		4. FEI Number 20-2796501	
Zip 33334		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURATOMI, DENIS K 2945 NE 8TH TERRACE UNIT 204 WILTON MANORS, FL 33334			7. Name and Address of New Registered Agent Name: DENIS KURATOMI Street Address (P.O. Box Number Is Not Acceptable): 1100 E. OAKLAND PARK BLVD # 210 City: OAKLAND PARK FL Zip Code: 33334		
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: <u>DENIS KURATOMI</u> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>04/18/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	P,D KURATOMI, DENIS K 2945 NE 8TH TERRACE UNIT 204 WILTON MANORS, FL 33334		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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: <u>DENIS KURATOMI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>04/18/06</u>	
				Daytime Phone #: <u>9548225906</u>	