2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** DOCUMENT # P05000067561 Apr 02, 2007 08:00 AM Secretary of State 1. Entity Name PENATE FLOORING INC. Principal Place of Business Mailing Address 7300 MCKINLEY ST 7300 MCKINLEY ST HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 No Chg-P CR2E034 (11/05) 03242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2842822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENATE, MIGUEL A DO NOT WRITE 7300 MCKINLEY ST HOLLYWOOD, FL 33024 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PENATE, MIGUEL A 7300 MCKINLEY ST STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33024 NAME U00000686 STREET ADDRESS 04/09/07-SGG32-012 158 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 that has address, with all other like/empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 954-987-46