

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 007 ***150.00

DOCUMENT # P05000067709

1. Entity Name
T.G.A. FLOOR CONTRACTOR, CORP.



Principal Place of Business
410 NW 59TH COURT
MIAMI, FL 33126

Mailing Address
410 NW 59TH COURT
MIAMI, FL 33126

40112294



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2796409

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ ASQUIZ, TOMAS
410 NW 59TH COURT
MIAMI, FL 33126

Name Tomas Gonzalez Azcu

Street Address (P.O. Box Number is Not Acceptable)
410 NW 59th Ct

City Miami

FL

Zip Code 33126

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 [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

03/30/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GONZALEZ ASQUIZ, TOMAS
STREET ADDRESS 410 NW 59TH COURT
CITY-ST-ZIP MIAMI, FL 33126

TITLE PD ☒ Change ☐ Addition
NAME Gonzalez Azcu Tomas
STREET ADDRESS 410 NW 59th Ct
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/06 (305) 649-8404

Date

Daytime Phone #