
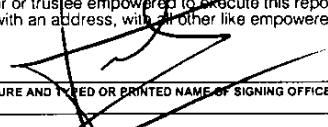


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90194 009 ***150.00

DOCUMENT # P05000081798 1. Entity Name MACH FLOORING CORPORATION					
Principal Place of Business 515 16 STREET STE 9 MIAMI BEACH, FL 33139			Mailing Address 515 16 STREET STE 9 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 731 SW 11 STREET STE R4			3. Mailing Address 731 SW 11 STREET STE R4		
Suite, Apt. #, etc. STE R4			Suite, Apt. #, etc. STE R4		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33129		Country USA		4. FEI Number 20-2956274	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRANZA, JEAN S 515 16 STREET STE 9 MIAMI BEACH, FL 33139					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 731 SW 11 STREET STE R4 City MIAMI FL Zip Code 33129					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTS CARRANZA, JEAN S 515 16 STREET STE 9 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TIRONE, ROBERT 7325 BYRM AVE #5 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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 or other like empowered.			SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/29/08 Daytime Phone # 7862948095		