

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90122 001 ***150.00

DOCUMENT # P05000092184

1. Entity Name
FABIAN FLOORING, CORP.



Principal Place of Business
**2450 NE 136 TERRACE
NORTH MIAMI BEACH, FL 33181**

Mailing Address
**2450 NE 136 TERRACE
NORTH MIAMI BEACH, FL 33181**

50007100



2. Principal Place of Business

13654 NE 20 Court
Suite, Apt. #, etc.

3. Mailing Address

13654 NE 20 Court
Suite, Apt. #, etc.

02012006 Chg-P CR2E034 (11/05)

City & State
N. Miami Beach

City & State
N. Miami Beach

4. FEI Number **20-3070961**

Applied For
Not Applicable

Zip **FL** Country **33181**

Zip **FL** Country **33181**

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

6. Name and Address of Current Registered Agent

**BUSTOS, FABIAN
2450 NE 136 TERRACE
NORTH MIAMI BEACH, FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Fabian Bustos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/06.

**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

TITLE **PST** ☐ Delete
NAME **BUSTOS, FABIAN**
STREET ADDRESS **2450 NE 136 TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Fabian Bustos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06.

Date

Daytime Phone #

786-2814942