

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 021 \*\*\*150.00

<b>DOCUMENT # P05000103227</b>					
<b>1. Entity Name</b> TRIUNFO FLOORING INC.					
<b>Principal Place of Business</b> 5700 RIDGE CLUB LOOP, APT. 308 ORLANDO, FL 32839			<b>Mailing Address</b> 5700 RIDGE CLUB LOOP, APT. 308 ORLANDO, FL 32839		
<b>2. Principal Place of Business</b> 5212 BROOK CT		<b>3. Mailing Address</b> 5212 BROOK CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. EEI Number</b> 20-3199095	
<b>Zip</b> 32811		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> GOMES, CRISTOVÃO V 430 LOCK ROAD 85 DEERFIELD BEACH, FL 33442			<b>7. Name and Address of New Registered Agent</b> Name: GOMES, CRISTOVÃO V Street Address (No Box Number is Not Acceptable): 5212 BROOK CT City: ORLANDO FL Zip Code: 32811		
<b>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.</b>					
SIGNATURE: <u>Cristovão Vazelli Gomes</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>02/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> GOMES, CRISTOVÃO V <b>STREET ADDRESS</b> 5700 RIDGE CLUB LOOP, APT. 308 <b>CITY-ST-ZIP</b> ORLANDO, FL 32839	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> GOMES, CRISTOVÃO V <b>STREET ADDRESS</b> 5212 BROOK CT <b>CITY-ST-ZIP</b> ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD: <b>NAME</b> MOTA, SONIA F <b>STREET ADDRESS</b> 5700 RIDGE CLUB LOOP, APT. 308 <b>CITY-ST-ZIP</b> ORLANDO, FL 32839	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> 5212 BROOK CT <b>STREET ADDRESS</b> ORLANDO, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RODRIGUES, ELI <b>STREET ADDRESS</b> 5700 RIDGE CLUB LOOP, APT. 308 <b>CITY-ST-ZIP</b> ORLANDO, FL 32839	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> RODRIGUES, ELI <b>STREET ADDRESS</b> 5212 BROOK CT <b>CITY-ST-ZIP</b> ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Cristovão Vazelli Gomes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>02/28/06</u> Daytime Phone #	