
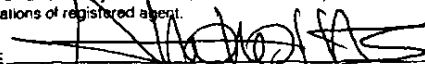
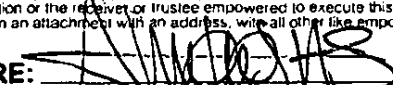


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90156 042 ***150.00

DOCUMENT # P05000103874			
1. Entity Name FLOOR IMPROVEMENT INC			
Principal Place of Business 201 RACQUET CLUB ROAD S-413 WESTON, FL 33326		Mailing Address 201 RACQUET CLUB ROAD S-413 WESTON, FL 33326	
2. Principal Place of Business 201 Racquet Club.		3. Mailing Address 201 Racquet Club	
Suite, Apt. #, etc. S-413		Suite, Apt. #, etc. S-413	
City & State Weston FL.		City & State Weston FL.	
Zip 33326	Country USA.	Zip 33326	Country USA.
4. EFT Number 203198665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGESS, KAREN S 10995 NEPTUNE DRIVE COOPER CITY, FLORIDA, FL 33026		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  DATE 6/7/06 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P ROJAS, ALVARO 201 RACQUET CLUB ROAD #S-413 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/28/06 Daytime Phone # 786-4881876	

66018573



04252006 Chg-P CR2E034 (11/05)