2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
04-25-2006 90113 024 ***150.00

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DOCUMENT # P05000105121

1. Entity Name
ABZ PROFESSIONAL FLOORING INC

Principal Place of Business	Mailing Address
4083 N CARAMBOLA CIR COCONUT CREEK, FL 33066 US	4083 N CARAMBOLA CIR COCONUT CREEK, FL 33066 US

04142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: applied For ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSTINZA, GISSELLE K
4083 N CARAMBOLA CIR
COCONUT CREEK, FL 33066

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 393 Sunshine Dr.
City: Coconut Creek FL Zip Code: 33066

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P BUSTINZA, CARLOS D ~~4083 N CARAMBOLA CIR~~ COCONUT CREEK, FL 33066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 393 Sunshine Drive Coconut Creek, Fl 33066	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSTINZA, GISSELLE K 4083 N CARAMBOLA CIR COCONUT CREEK, FL 33066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 393 Sunshine Drive Coconut Creek, Fl 33066	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 05/20/06 954 369 8108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #