

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107523

Entity Name: V JAX FLOORING CORP

FILED  
Sep 15, 2009  
Secretary of State

## Current Principal Place of Business:

2494 COACHMAN LAKES DR  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

2494 COACHMAN LAKES DR  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 20-3258722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUIS, CHACON  
7701 TIMBERLIN PARK  
SUITE 1325  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHACON, RAUL  
Address: 2494 COACHMAN LAKES DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: AYALA, FERNANDO  
Address: 8343 PRINCETON SQ BLV E STE 406  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Delete  
Name: CHACON, LUIS  
Address: 7701 TIMBERLIN PARK #1325  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL CHACON

P

09/15/2009

Electronic Signature of Signing Officer or Director

Date