## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000116543

Entity Name: BEAUTIFLOOR INC

Address:

City-St-Zip:

4727 PALMA DRIVE LOT 353

KISSIMMEE, FL 34746

FILED Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13421 MEADOW POINTE COURT ORLANDO, FL 32824 US **Current Mailing Address: New Mailing Address:** 13421 MEADOW POINTE COURT ORLANDO, FL 32824 FEI Number: 20-3350824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYORGA, AUGUST C MAYORGA, AUGUST C 200 NORTH DENNING DRIVE 243 W KENNEDY BLVD SUITE 5 SUITE C WINTER PARK, FL 32789 US ORLANDO, FL 32810 US 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: 04/25/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition Name: TSUI, LILIA M Name: 13421 MEADOW POINTE COURT Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: RAZZETO, MIGUEL S Name: 816 FRUIT WOOD DRIVE Address: Address: KISSIMMEE, FL 34743 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition PENA, ELVIS Name: Name: 13421 MEADOW POINT CT Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: (X) Delete Title: () Change () Addition RAMON MAYORGA, LUIS A Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LILIA M TSUI P 04/25/2007