2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 12, 200/ 08:			
DOCU	MENT # P050001180]	2	ecreta	ry of S	
1. Entity Name CAMBORIU FLOORING INC							
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Principal Place of Business Mailing Address				·			
3416 KING RICHARD CT. SEFFNER, FL 33584 US SEFFNER, FL 33584 US							
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		Contract of States of Process			No Chg-P	CR2E034 (1	
Г	O NOT WRITE	IN THIS SPA	CE	03052007		CR2E034 (1	Applied For
	•			4. FEI Numb 20-335			Not Applicable
	en e	8 - 30 - 8 - 100	eriya e gêlî bi	5. Certificate	of Status Desired		5 Additional lequired
	6. Name and Address of Current Re	gistered Agent	1 No. 110 110 110 110 110 110 110 110 110 11		n and the second of the second	one mer	a sa dana
OLIVEIRA, GERALDO A					NOT W		
3330 CARLTON ARMS DR TAMPA, FL 33614					•	_	••
					THIS SP		*
				62 - S. S. S.	The Addings State		
	e named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo		,
SIGNATURE.	Gradale A Olvin	0			04	-08 -	07
	Signature, typed or printed name of registered agent and	site if applicable (NOTE: Registere	id Agent signatura required	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	000000 -04/20/07	702890 80118-009	9 150.00
10.	OFFICERS AND D	RECTORS	in the stage of the		24		
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STREET ADDRESS CITY-ST-ZIP				N. Santa		ji sa salahiri Januar Jana	en de la companya de La companya de la co

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 eath; 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.

0 1/ 10/4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.08 07 813 643/607

Daytime Phone