2006 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State DOCUMENT # P05000121390 03-16-2006 90225 024 ***158.75 1. Entity Name **G & N FLOORING INC** Principal Place of Business Mailing Address 50003053 3420 SW 4TH STREET 3420 SW 4TH STREET DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 3. Mailing Address 22182 SW 62 AUE 2. Principal Place of Business 221825W62AVE Chg-P 01312006 CR2E034 (11/05) BOCA RATON, FL 4. El Number 404999 Applied For RATON, FC Not Applicable PALM BEACH \$8.75 Additional 5. Certificate of Status Desired PALLY BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAMPEDWIN S. NUNEZ MANZUR GARCIA, EMILIANO Street Address (P.O. Box Number is Not Acceptable) 3420 SW 4TH STREET **DEERFIELD BEACH, FL 33442** 22182 SW 62 AVE City BOCA RATON 8. The above named entity submite 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 agents 03/15/06 SIGNATURE 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 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition NUNES MANZUR GARCIA, EMILIANO NAME STREET ADDRESS 3420 SW 4TH STREET STREET ADDRESS CITY-ST-7P DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE ☐ Delete TILLE NAME NUNEZ MANZUR, EDWIN S NAME STREET ADDRESS 3420 SW 4TH STREET STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH, FL 33442 CITY-ST-7IP TITLE □ Delete TIDE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME:

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 empewered 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 all other like empowered.

STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE AND TYPELFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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Addition

☐ Change ☐ Addition

FILED

Mar 16, 2006 8:00 am