



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90246 044 ***150.00

DOCUMENT # P05000132536					
1. Entity Name KANIK FLOORING CORP.					
Principal Place of Business 10410 SW 157 COURT #304 MIAMI, FL 33196			Mailing Address 10410 SW 157 COURT #304 MIAMI, FL 33196		
2. Principal Place of Business 2457 Center Gate Drive. Suite, Apt. #, etc. Suite #101.		3. Mailing Address 2457 Center Gate Drive. Suite, Apt. #, etc. Suite #101			
City & State Miramar - Florida.		City & State Miramar - Florida.			
Zip 33025		Country USA.			
4. FEI Number 20-3562008.		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DE LA TORRIENTE, COSME J ESQ. 155 SW 25TH ROAD MIAMI, FL 33129					
7. Name and Address of New Registered Agent Name JUAN G. HOYOS Street Address (P.O. Box Number is Not Acceptable) 2457 Center Gate Drive City Miramar FL Zip Code 33025				04/28/06	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		04/28/06	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOYOS, JUAN G 10410 SW 157 COURT #304 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	04/28/06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOYOS, JUAN M 10410 SW 157 COURT #304 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					