## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000133188

Title:

Name:

Address:

City-St-Zip:

(X) Delete

9822 BERNWOOD PL DR #213

FORT MYERS, FL 33912

SILVA, JOAO B

FILED Jun 05, 2006 Secretary of State

Entity Nar	ne: FOUR FF	RIENDS FLOORING, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	NWOOD PL D ERS, FL 3391:			1805 GORDON AVE S LEHIGH ACRES, FL 33971			
Current M	ailing Addres	s:	New Mail	New Mailing Address:			
	NWOOD PL D ERS, FL 3391:			1805 GORDON AVE S LEHIGH ACRES, FL 33971			
FEI Number: 20-3605237 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent	Name and	Address of	New Registered Age	ent:	
1261 E SA POMPANO The above	) BEACH, FL		ne purpose of changing	its registered o	office or registered ag	gent, or both,	
SIGNATUR		i- Oimatina af Danistanad	A t		Dete		
Election Car	ce with s. 607.19	iic Signature of Registered 3(2)(b), F.S., the corporation di 3 Trust Fund Contribution (). TORS:	d not receive the prior notic		Date  TO OFFICERS AND	D DIRECTORS	
Title: Name: Address: City-St-Zip:	SIQUEIRA, GIL	OD PL DR #213	Title: Name: Address: City-St-Zip:	P (X SIQUEIRA, GII 1805 GORDOI LEHIGH ACRE	N AVE S		
Title: Name: Address: City-St-Zip:	GUIMARAES, L	OD PL DR #213	Title: Name: Address: City-St-Zip:	V (> OLIVEIRA, PLI 1805 GORDOI LEHIGH ACRE	N AVE S		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GILMAR A SIQUEIRA P 06/05/2006

() Change () Addition