


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000146311</b> 1. Entity Name <b>KAINDL FLOORING USA CORP.</b>	
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Principal Place of Business <b>201 S BISCAYNE BLVD STE 1500          MIAMI, FL 33131</b>	Mailing Address <b>201 S BISCAYNE BLVD STE 1500          MIAMI, FL 33131</b>
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**40082523**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04182006    Chg-P    CR2E034 (11/05)

4. FEI Number <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px;"></div>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI          C/O FER, 1500 MIAMI CENTER          201 S BISCAYNE BLVD STE 1500          MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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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:** X Buchmessa    April 27,    0043 662 8588-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Doris Buchmesser, Director**    Daytime Phone #