

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 047 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000146311			
1. Entity Name KAINDL FLOORING USA CORP.			
Principal Place of Business 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131		Mailing Address 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-5517345	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI C/O FER, 1500 MIAMI CENTER 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signatures typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHMESSER, DORIS KAINDLSTRASSE 2 WALS AUSTRIA, 5071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONE, STEVEN A 376 LINCOLN AVE EAST CRANFORD, NJ 070163188 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Green, Sammie Lee 267 Monte Cristo Blvd. Tierra Verde, FL 33715. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Doris Buchmesser		Date: April 30, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 43-662-8588-0	