2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

ANNUAL REPURI					Api 20, 2000 00.00			
DOCUMENT # P05000158260 1. Entity Name V & V FLOORING, INC					Se	ecreta	ry of Sta	
	NA COVE STREET	Mailing Address 2825 CEDENA COVE STREET ORLANDO, FL 32817		1 10E SE	 	D) KADI DIJAL IDIJA		
	O NOT WRITE	IN THIS SPA	CE	04242008	No Chg-P	CR2E034	<u> </u>	
				4. FEI Numb			Applied For Not Applicable	
				.:	5. Certificate of Status Desired		3.75 Additional e Required	
ORLANDO	PENA COVE STREET D, FL 32817			IN:	NOT W	ACE		
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or regist	ered agent, or bo	oth, in the State of Fio	rida. I am fam	iliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and life	tle if applicable. (NOTE: Registere	d Agent signature requir	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees	U00000: 05/21/08-1	928648 80038-0(06 150.00	
10.	OFFICERS AND DIRI	ECTORS				e. Pác		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, HAI V 2825 CEDENA COVE STREET ORLANDO, FL 32817							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The second secon					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME				"我们的"专业任务	THIS SP	医牙毛性丛 医皮肤		

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 appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPEDICAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 - 2T - 88