


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 032 ***150.00

DOCUMENT # P05000166291


1. Entity Name
FLOOR INTERIORS INC.



Principal Place of Business Mailing Address
11908 BUTLER WOODS CIRCLE **11908 BUTLER WOODS CIRCLE**
RIVERVIEW, FL 33569 **RIVERVIEW, FL 33569**

2. Principal Place of Business - No P.O. Box 3. Mailing Address
11541 Addison Chase Dr. **11541 Addison Chase Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Riverview, FL **Riverview, FL**
 Zip Country Zip Country
33579 **33579**



02292008 Chg-P CR2E034 (12/06)

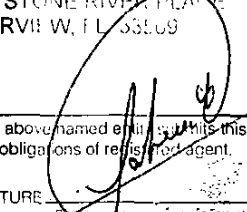
6. Name and Address of Current Registered Agent
GONZALEZ, JOSE L.
9315 STONE RIVER PLACE
RIVERVIEW, FL 33569

4. FEI Number Applied For
76-0834811 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Gonzalez, Jose L.**
 Street Address (P.O. Box Number is Not Acceptable)
11541 Addison Chase Dr.
 City **Riverview, FL** Zip Code **33579**

8. The above named entity certifies 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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

FILE NUMBER FEE IS \$150.00
 After January 1, 2008 Fee will be \$550.00

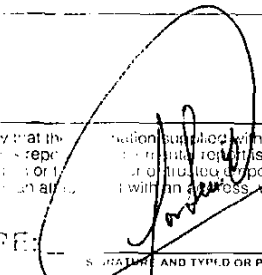
10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE L.	
STREET ADDRESS	9315 STONE RIVER PLACE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Gonzalez, Jose L. X.	
CITY-ST-ZIP	11541 Addison Chase Dr.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riverview, FL 33579.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 that I am a 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 changes or additions are indicated with an asterisk with all other like empowered.

SIGNATURE:  Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR