## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002497

Entity Name: ALCANTARA FLOOR COVERING, INC.

FILED Aug 29, 2008 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

4110 CASTILLA CIR. SUITE 203 4110 CASTILLA CIR. FORT MYERS, FL 33916

203

FORT MYERS, FL 33916

**Current Mailing Address: New Mailing Address:** 

4110 CASTILLA CIR. SUITE 203 4110 CASTILLA CIR. FORT MYERS, FL 33916

203

FORT MYERS, FL 33916

FEI Number: 20-4071416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION TAX HOUSE CORPORATION 1261 E. SAMPLE ROAD 1100 S FEDERAL HWY

POMPANO BEACH, FL 33064 US 2ND FLOOR

DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: TAX HOUSE CORPORATION 08/29/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: () Delete Title: (X) Change ( ) Addition ALCANTARA, HELIO ALCANTARA, HELIO Name: Name: 3701 METRO PKWY #1205 4110 CASTILLA CIR. 203 Address: Address: City-St-Zip: FORT MYERS, FL 33916 US City-St-Zip: FORT MYERS, FL 33916 US

Title: VD Title: VD () Delete (X) Change ( ) Addition

KOSAKA, ELI KOSAKA, ELI Name: Name:

3701 METRO PKWY #1205 4110 CASTILLA CIR. 203 Address: Address: FORT MYERS, FL 33916 US FORT MYERS, FL 33916 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

AMERICO LAOVER, WANDER Name: Name: 4110 CASTILLA CIR. SUITE 203 Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip:

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

SIGNATURE: HELIO ALCANTARA PD 08/29/2008