## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P06000061453** 04-30-2007 90840 014 \*\*\*158.75 1. Entity Name ONE FLORIDA FLOORING, INC. Mailing Address Principal Place of Business 40022102 8401 SW 107TH AVE 8401 SW 107TH AVE **STE. 360E** STE. 360E MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 164245W .47+h. torr Suite, Apt. #, etc. 16424 SW 47+hter Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) 4. FEI Number 20 - 4795972 City & State Applied For City & State flocida Floreda 1'm51'M Not Applicable W.SW! Zip 33185 Country Zip Country \$8.75 Additional\_ 5. Certificate of Status Desired 33185 Fee Required U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wiston ARIAS, THISBETH Street Address (P.O. Box Number is Not Acceptable) 8401 SW 107TH AVE STE. 360E MIAMI, FL 33173 M.SW! Zip Code 33185 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. wiston 202 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IM F ☐ Change ☐ Addition TITLE ☑ Delete WISTON PZQZ ARIAS, THISBETH NAME NAME 16424 SW 47+4 TENECE STREET ADDRESS 8401 SW 107TH AVE STREET ADDRESS MIAMI, FL 33173 CRTY-ST-7IP MIGM: Florida CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAEZ, WISTON NAME NAME STREET ADDRESS STREET ADDRESS 8401 SW 107TH AVE MIAMI, FL 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ITTLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY ST. 7IP CITY-ST-7IP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 eceiver 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 attackment with an address, with all other like empowered.

FILED