
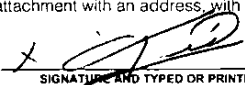


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 016 ***150.00

DOCUMENT # P06000072414 1. Entity Name JESUS MORENO FLOORING CORPORATION			
Principal Place of Business 7502 SW 2ND STREET MIAMI, FL 33126		Mailing Address 7502 SW 2ND STREET MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 322 SW 78 AVE		3. Mailing Address 322 SW 78 AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33144		Zip 33144	
Country USA		Country USA	
4. FEI Number 56-2586501		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, JESUS 7502 SW 2ND STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 322 SW 78 AVE City MIAMI FL Zip Code 33144	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS MORENO, JESUS 7502 SW 2ND STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 322 SW 78 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Pres. 1/29/07 786-355-9317 <small>Date Daytime Phone #</small>	