2007 FOR PROFIT CORPORATION

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED

Jun 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2007 90014 024 ***150.00 **DOCUMENT # P06000106820** DJ FLOORING INSTALLATION, CORP. Principal Place of Business Mailing Address 66017852 30145 S.W. 162 AVE 30145 S.W. 162 AVE HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 Chg-P CR2E034 (12/06) City & State 4. FEI Number 393. City & State Applied For Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JARAMILLO, DANILO Street Address (P.O. Box Number is Not Acceptable) 30145 S.W. 162 AVE HOMESTEAD, FL 33033 Zip Code 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 4-24-07 SIGNATURE (V) (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ■ Addition JARAMILLO, DANILO NAME NAME STREET ADDRESS 30145 S.W. 162 AVE STREET ADDRESS HOMESTEAD, FL 33033 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Deleje TITLE ☐ 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 quality for 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 ampowered as 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 pure like empowered.

MANE OF SIGNING OFFICER OR DIRECTOR