2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116882

TAMPA, FL 33624

City-St-Zip:

Entity Name: A PLUS FLOORING & BATH INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
16524 SILVER HILL DR TAMPA, FL 33624 Current Mailing Address:			16524 SILVER HILL DR TAMPA, FL 33624 US		
			New Mailing Address	New Mailing Address:	
16524 SIL' TAMPA, F	VER HILL DR L 33624		16524 SILVER HILL D TAMPA, FL 33624	R US	
FEI Number	: 06-1802536	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:	
RIBEIRO, 16524 SIL' TAMPA, F	VER HILL DR				
	e named entity s e of Florida.	ubmits this statement for the բ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () RIBEIRO, JAIME 16524 SILVER H TAMPA, FL 336	IILL DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () RIBEIRO, THER 16524 SILVER F TAMPA, FL 336	IILL DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SILVA, DANIEL 16524 SILVER H TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (X) BARBOZO, ACA 16524 SILVER F		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JAMIE RIBERIO PRES 04/27/2009