

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90002 008 ***150.00

DOCUMENT # P06000121337

1. Entity Name
MANUEL FLOORING, CORP.



Principal Place of Business Mailing Address
9495 S.W. 39 ST. **9495 S.W. 39 ST.**
MIAMI, FL 33165 **MIAMI, FL 33165**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11351 SW 164 Ter *11351 SW 164 Ter*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01292008 Chg-P CR2E034 (12/06)

City & State City & State
Miami FL *Miami FL*

Zip Country Zip Country
33157 Miami-Dade *33157 Miami-Dade*

4. FEI Number Applied For
20-5635165 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PICHON, MANUEL C
9495 S.W. 39 ST.
MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name *MANUEL C PICHON*
 Street Address (P.O. Box Number is Not Acceptable)
11351 SW 164 Ter
 City *Miami* State **FL** Zip Code *33157*

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: *[Signature]* DATE: *1/29/08*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PICHON, MANUEL C 9495 S.W. 39 ST. MIAMI, FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <i>MANUEL C PICHON</i> <i>11351 SW 164 Ter</i> <i>Miami FL 33157</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: *1/29/08* DAYTIME PHONE #: *(305) 989-0563*

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #