2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2007 8:00 am Secretary of State

9543600126

Daytime Phone #

DOCUMENT # P06000134206 1. Entity Name ROLEMY FLOORING, INC.] .	04-26-2007	90211 0	31 ***15	50.00
Principal Plac	e of Business	Mailing Ad	Mailing Address			∱					
1102 SE 3TI		1102 SE 3TH ST									
APT #5		APT #5									
DEERFIELD BEACH, FL 33441 DEERFIELD BEACH,					33441		1 (62)(62) (1) 6	BUG BUU GEN BEIS EEU	DESIDER HILL OFF		
2. Principal F	Place of Busin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03282007	Chg-P	CR2E0	34 (12/06)	
City & State			City & St	City & State			4. FEI Number 20-3	573 96 9	14 -	<u> </u>	oplied For of Applicable
Zip	ip Country -		Zip Cour		ntry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name	Registered Ac	! Registered Agent			7. Name and Address of New Registered Agent					
·						Name					
GARCIA, F						Street Address (P.O. Box Number is Not Acceptable)					
1102 SE 3TH ST APT. #5						Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH, FL 33441											
								FL	Zip Code	ө	
The above named polity by horite this statement for the surpose of changing its register.						ad office or registe	rod agent, or both	in the State of Ele		omiliar with	and secont
8. The above named entity sybmits 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.											
04/02/02											
SIGNATURE Signature, lybed or lighted 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	I	OFFICERS AND					ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD Delete TII									☐ Change	Addition
NAME STREET ADDRESS	1102 SE 3TH ST, APT. #5				NAM STRE	ET ADDRESS					
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NAME	, NAI										
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CITY-ST-ZIP					CITY	-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 courage and that my signature shall have the same legal effect as if made under oath; that I am an officier or director of the control of the contro											
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.											