


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90090 036 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>DOCUMENT # P06000136435</b><br>1. Entity Name<br><b>J.P FLOORING SERVICES, INC.</b>   |   |  |  |  |   |
| Principal Place of Business<br><b>5060 MILLENIA BLVD, APT 302<br/>         ORLANDO, FL 32839</b>   |   | Mailing Address<br><b>5060 MILLENIA BLVD, APT 302<br/>         ORLANDO, FL 32839</b> |  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |   |
| City & State   |   | City & State   |  |   |   |
| Zip  |   | Country  |  | Zip   |   |
| Country  |   | Country  |  | 4. FEI Number<br><b>20-5783740</b>  |   |
| Applied For  |   | Not Applicable   |  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |  | 03162007 Chg-P CR2E034 (12/06)  |   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>           |   |   |
| <b>SILVA, FABIO A<br/>         5060 MILLENIA BLVD, APT 302<br/>         ORLANDO, FL 32839</b>  |   |  | Name   |   |   |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)           |   |   |
|  |   |  |  |   |   |
|  |   |  | City   |   | Zip Code  |
|  |   |  | <b>FL</b>  |   |   |
| 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 <i>x Fabio Alexandre Aguiar de Silva</i>   |   |  |  |   |   |
| <small>Signature, typed or printed name of registered agent or fee if applicable (NOTE: Registered Agents signature required when re-registering) DATE</small>   |   |  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>      |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><b>SILVA, FABIO A<br/>         5060 MILLENIA BLVD, APT 302<br/>         ORLANDO, FL 32839</b> | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>x Fabio Alexandre Aguiar de Silva</i>  |   |  |  |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |   |