


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 017 ***159.00

DOCUMENT # P06000142840

1. Entity Name
V & R FLOOR COVERING INC



Principal Place of Business
 12345 NE 9 AVE - APT 6
 N MIAMI, FL 33161

Mailing Address
 12345 NE 9 AVE - APT 6
 N MIAMI, FL 33161

40004610

2. Principal Place of Business - No P.O. Box #
12345 NE 9 AVE #

3. Mailing Address
12345 NE 9 AVE

Suite, Apt. #, etc.
APT #6

Suite, Apt. #, etc.
APT #6

City & State
north miami FL

City & State
North miami FL

Zip
33161

Country
USA

Zip
33161

Country
USA



01172007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5922257

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RIVAS, VICTOR
12345 NE 9 AVE - APT 6
N MIAMI, FL 33161.

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City _____ **FL** 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.

SIGNATURE _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVAS, VICTOR 12345 NE 9 AVE - APT 6 N MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **1/17/07** (780) 281-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR