2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Entity Name
LEGNO PRO FLOORING SERVICES, INC.

Principal Place of Business	Mailing Address
11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569	11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569

02292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
9315 Stone River PL	9315 Stone River PL
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Riverview, FL.	City & State: Riverview, FL.
Zip: 33578 Country	Zip: 33578 Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIN, MANUEL G
11908 BUTLER WOODS CIRCLE
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: Marin, Manuel G.
Street Address (P.O. Box Number is Not Acceptable): 9315 Stone River PL.
City: Riverview FL Zip Code: 33578.

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

FILING 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	[ ] Delete	TITLE	President	[X] Change [ ] Addition
NAME	MARIN, MANUEL G		NAME	Marin, Manuel G.	
STREET ADDRESS	11908 BUTLER WOODS CIRCLE		STREET ADDRESS	9315 Stone River PL	
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP	Riverview, FL. 33578	
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
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TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	B2/9/01/08	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #