2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# P07000010212

Entity Name: AFONSO FLOORING, INC.

Current Principal Place of Business:

2802 9TH STREET SW
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

2802 9TH STREET SW
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 20-8301492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

METRO BUSINESS SOLUTIONS, INC.
3940 METRO PARKWAY
SUITE 105
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DA SILVA, DEMERVAL JR.
Address: 2802 9TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VPD ( ) Delete
Name: VANDERMAS, VANCARLA
Address: 2802 9TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: O ( ) Delete
Name: PONTES, ADERCEZA D
Address: 5140 LEEDS RD
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: REIS, GEOVANNE A
Address: 2802 9TH STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEMERVAL DA SILVA JR PD 09/16/2008

Electronic Signature of Signing Officer or Director — Date