

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90190 020 \*\*\*150.00

<b>DOCUMENT # P07000031242</b>					
<b>1. Entity Name</b> J'FER ENTRUST FLOORING INC					
<b>Principal Place of Business</b> 4293 BELLASOL CIR 2511 FORT MYERS, FL 33916			<b>Mailing Address</b> 4293 BELLASOL CIR 2511 FORT MYERS, FL 33916		
<b>2. Principal Place of Business - No P.O. Box #</b> 2304 Hawalaska St.		<b>3. Mailing Address</b> Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Lehigh Acres FL		<b>City &amp; State</b> Same		<b>4. FEI Number /</b> 17-0674087	
<b>Zip</b> 33973		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DIAS, JOSI 4293 BELLASOL CIR 2511 FORT MYERS, FL 33916			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> P <b>NAME</b> DIAS, JOSI <b>STREET ADDRESS</b> 4293 BELLASOL CIR APT 2511 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33916	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> JOSIAS DIAS <b>STREET ADDRESS</b> 2304 HAWALASKA ST <b>CITY-ST-ZIP</b> LEHIGH ACRES FL 33973	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SILVA, FERNANDO <b>STREET ADDRESS</b> 4293 BELLASOL CIR APT 2511 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33916	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> SILVA, FERNANDO <b>STREET ADDRESS</b> 2304 HAWALASKA ST <b>CITY-ST-ZIP</b> LEHIGH ACRES FL 33973	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> JACINTO DE OLIVEIRA, DENILSO <b>STREET ADDRESS</b> 4293 BELLASOL CIR APT 2511 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> JACINTO DE OLIVEIRA, DENILSO <b>STREET ADDRESS</b> 2304 HAWALASKA ST <b>CITY-ST-ZIP</b> LEHIGH ACRES FL 33973	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Josi de Melo Dias</i>			0430-0A		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		