


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #P07000124353	
1. Entity Name FLOOR-MART STORE, INC.	

Principal Place of Business 801 BRICKELL AVENUE 900 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVENUE 900 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 3009 NW 75th AVE	3. Mailing Address 3009 NW 75th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33122	Country U.S.A.

FILED
2008 SEP 19 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

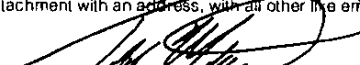
09182008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-1421069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAWRENCE, MARK ESQ 801 BRICKELL AVENUE 900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Todd MIDAS Street Address (P.O. Box Number is Not Acceptable) 3009 NW 75th AVE City MIAMI FL Zip Code 33122
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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  Todd MIDAS	DATE 9/18/08

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ESQ LAWRANCE, MARK ESQ 801 BRICKELL AVENUE STE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Todd MIDAS 3009 NW 75th AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400136256094 09/23/08--01031--015 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 the empowered.	
SIGNATURE:  Todd MIDAS	DATE 9/18/08 754-650-6197