## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #ºP07000124353  1. Enlity Name FLOOR-MART STORE, INC.						11LED 2008 SEP 19 PM 2: 16	
Principal Place of Business Mailing Address				•		ALL LARY DE STATE	
801 BRICKELL AVENUE 801 BRICKELL AVENUE						FALLAHASSEE, FLORIDA & & 9-3-3	
900 MIAMI, FL 33131 900 MIAMI, FL 33131							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3009 NW 75 th AVE 3009 NW 75				14 AUG			
Suite, Apt. #, etc. Suite, Apt. #, etc.			7 \	NUC			
				·····		09182008 Chg-P CR2E034 (12/06)	
	MI, FL	City & State  HIAMI, F—  Zip  Country		<b>.</b>		4. FEI Number Applied For 26-1421069 Not Applicable	
33122 Country U.S.A.				S.A.		5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current F	<u> </u>		,		7. Name and Address of New Registered Agent	
LAWRENCE, MARK ESQ 801 BRICKELL AVENUE 900				Name Todd MIDAS			
						P.O. Box Number is Not Acceptable)	
						7 NW STADE	
MIAMI, FL	33131						
				City	111	and I FL Zig Code 33/22	
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, typed or similar name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND (		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	ESQ	Delete	TITLE		ORE	ES/OENT Change Addition	
STREET ADDRESS	LAWRANCE, MARK ESQ 801 BRICKELL AVENUE STE 900		- 6	NAME TO C		DOI MIDAS	
CITY-ST-ZIP	MIAMI, FL 33131			·ST-ZIP	11	dd HIOAS 09NW 75th AUE VAMI, FL 33122	
TITLE		☐ Delete	THILE	ľ		Change Addition	
NAME STREET ADDRESS			NAMI			400136256094	
CITY -ST -ZIP				TREET ADORESS ITY - ST - ZIP		400136256094 09/23/0801031015 **61.25	
rmue		☐ Delete	TITLE	:		Change Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP				e i address - St-Zip			
TITLE		☐ Delete	TITLE			Change Addition	
NAME		Delete	NAME	- 1		Change Chambil	
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			_	-ST-ZIP			
TITLE NAME		☐ Delete	TITLE			Change Addition	
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP			CITY	- S1 - ZIP	•		
TITLE		☐ Delete	TITLE	4		Change Addition	
NAME STREET ADDRESS			NAME STREE	E Et address			
CITY+ST-ZIP				-ST-ZIP			
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							
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 eath; that I am an officer or director of the corporation or the receiver or trustee experience his 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 line empowered.							
SIGNATURE: / / Todd MIDAS 9/18/08 954-650-6197							
	SIGNATURE AND TYPES OR PI	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Date - Doytime Phone #	