

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129971

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: BROADWAY FLOORING, CORP.

## Current Principal Place of Business:

916 ALFREDA AVE.  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

5208 29 STREET SW  
LEHIGH ACRES, FL 33973

## Current Mailing Address:

916 ALFREDA AVE.  
LEHIGH ACRES, FL 33971

## New Mailing Address:

5208 29 STREET SW  
LEHIGH ACRES, FL 33973

FEI Number: 26-1530976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METRO BUSINESS SOLUTIONS, INC.  
3940 METRO PARKWAY, STE. 105  
FT. MYERS, FL 33916 US

## Name and Address of New Registered Agent:

GONCALVES, NILTO  
5208 29 STREET SW  
LEHIGH ACRES, FL 33973 US

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: NILTO GONCALVES

08/26/2008

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: P ( ) Delete  
Name: GONCALVES, NILTO  
Address: 916 ALFREDA AVE.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: LIMA, DANILO  
Address: 916 ALFREDA AVE.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete  
Name: DA SILVA, JOSE R.  
Address: 916 ALFREDA AVE.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete  
Name: LACERDA LIMA, ARTCHIANE  
Address: 3300 NE 10 TERR, #63  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONCALVES, NILTO  
Address: 5208 29 STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33973

Title: VP (X) Change ( ) Addition  
Name: LACERDA LIMA, ARTCHIANE  
Address: 5208 29 STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33973

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

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: NILTO OLIVEIRA

P

08/26/2008

Electronic Signature of Signing Officer or Director

Date