2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060586

Entity Name: SOUTH FLORIDA FLOORING REPAIRS, INC.

FILED Jul 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5550 N.W. 49TH AVE. 12112 NW 23 MANOR

COCONUT CREEK, FL 33073 US CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

5550 N.W. 49TH AVE. 12112 NW 23 MANOR

COCONUT CREEK, FL 33073 US CORAL SPRINGS, FL 33065 US

FEI Number: 26-2857660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLINICE, TAMMI
5550 N.W. 49TH AVE.
POLINICE, TAMMI
12112 NW 23 MANOR

COCONUT CREEK, FL 33073 US CORAL SPRINGS, FL 33065 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: 07/03/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

 Name:
 LIPP, MATTHEW
 Name:
 LIPP, MATTHEW

 Address:
 5550 N.W. 49TH AVE.
 Address:
 12112 NW 23 MANOR

City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip: CORAL SPRINGS, FL 33065 US

 Name:
 LIPP, MATTHEW
 Name:
 LIPP, MATTHEW

 Address:
 5550 N.W. 49TH AVE.
 Address:
 12112 NW 23 MANOR

City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip: CORAL SPRINGS, FL 33065 US

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: MATTHEW LIPP PVST 07/03/2009