

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000051393

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** AGUILAR FLOOR COVERING INC

**Current Principal Place of Business:**

280 PONCE DE LEON BV  
DELEON SPRINGS, FL 32130 US

**New Principal Place of Business:**

**Current Mailing Address:**

280 PONCE DE LEON BV  
DELEON SPRINGS, FL 32130 US

**New Mailing Address:**

**FEI Number:** 27-2836868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALVAN, ESTEBAN  
280 PONCE DE LEON BV  
DELEON SPRINGS, FL 32130 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** AGUILAR, JOSE  
**Address:** 7140 FOREST CITY ROAD #90  
**City-St-Zip:** ORLANDO, FL 32810 US

**Title:** VP  
**Name:** GALVAN, ESTEBAN  
**Address:** 280 PONCE DE LEON BV  
**City-St-Zip:** DELEON SPRINGS, FL 32130 US

**Title:** S  
**Name:** CRUZ SOTO, ALBERTO  
**Address:** 1032 ASPEN WAY  
**City-St-Zip:** APOPKA, FL 32703

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE AGUILAR

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date