

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

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| DOCUMENT # P93000036604 1. Entity Name WHOLESALE FLOORING DISTRIBUTORS, INC. | | | | | |
| Principal Place of Business 2201 SHERIDAN ST HOLLYWOOD, FL 33020-2040 | | | Mailing Address 2201 SHERIDAN ST HOLLYWOOD, FL 33020-2040 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-0412302 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CIAVATTO, SHARON 311 SW 3 ST HALLANDALE, FL 33009 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 11-12-05 | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005. | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CIAVATTO, DOMINIC 311 SW 3 ST HALLANDALE, FL 33009 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060897073 10/24/05--01057--020 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CIANATTO, JASON 1016 GUAVA ISLES FT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CIAVATTO, JASON | |
| 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 | |
| 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 exemption stated in Section 119.07(3)(i), 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 like empowered. | | | | | |
| SIGNATURE: 10/11/05 954 920-2216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

FILED
05 NOV 17 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TO Division of Corporations
FEI 65-0412302.

Please see enclosed application for annual
report for 2005.

We did not receive your postcard to review.
Please accept our application in the amount
of 150⁰⁰.

Very truly yours,

Shane C. Caudill

for
Hyacinthe Fleury