


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000035400</b> 1. Entity Name <b>WHOLESALE FLOORING SOURCE, INC.</b>					
Principal Place of Business <b>2814 NW 79TH AVE</b> <b>MIAMI, FL 33122 US</b>			Mailing Address <b>2412 N MIAMI AVE</b> <b>MIAMI, FL 33127 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, HENRY</b> <b>2412 N MIAMI AVE</b> <b>MIAMI, FL 33127</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>65-0582758</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	S <b>ROWE, DAVID</b> <b>2400 N. MIAMI AVE.</b> <b>MIAMI, FL 33127</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000188554 01/24/05-80060-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HERNANDEZ, HENRY</b> <b>2400 N. MIAMI AVE.</b> <b>MIAMI, FL 33127</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>COLUNGA, J. C</b> <b>2400 N. MIAMI AVE.</b> <b>MIAMI, FL 33127</b>		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	
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	
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.					
<b>SIGNATURE:</b> _____ <i>Henry Hernandez</i> <b>1/15/05 305 573 8377</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					