2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P98000072657 1. Entity Name THE FLOOR SOURCE AND DESIGN CENTER, INC.				04-30-2004 90217 031 ***150.00			
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131	•	£ 1 11 11 6 16 (11			3820	
2. Principal Place of Business 1941 BLICKEL AVE.	3. Mailing Address	AUC					
Suite, Apt. #, etc. Suite 4014	Suite, Apt. #, etc.	Z.WC.	04232004	Chg-P	CR2E0	34 (10/03)	
City & State	SWIE 1014 City & State	- 11 10 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. FEI Numbe			⊢ + ÷	plied For
MAHI FL Zip Country	Zip C	Country	65-087			No 88.75 Add	t Applicable
33131 V.S	33131	Ú.S		of Status Desired	٠	Fee Require	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
ALLEN & GALEGO			ROBERT ALLEN LAW Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131 1441 BRICKELL AVE., SOITE 1014							
City HIANI				- · , · · · · · · · · · · · · · · · · ·	FL	Zio Code	31
8. The above named entity submits his 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 gent. SIGNATURE Signature, typed or printed named a registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10. OFFICERS AND		11.		CHANGES TO OFFI	ICERS AND		
NAME DANIELS, RONA STREET ADDRESS 601 BRICKELL KEY AVE ST 80	Delete 5	NAME D	SP ANIELS RONA IAI BRICKELL UMI, FL 3	AVE. SUTTE	1014	Change	Addition
CITY-ST-ZIP MIAMI, FL 33131			UHI, FL 3	3131			
TITLE S NAME ALLEN, ROBERT N JR	Delete	TITLE S	LEN, ROBERT	NC 10		Change	☐ Addition
STREET ADDRESS 601 BRICKELL KEY AVE ST 80 MIAMI, FL 33131		STREET ADDRESS	41 BRICKELL 31	AVE, SUITE	1014		
TITLE .	☐ Delete	TITLE NAME	•			☐ Change	☐ Addition
STREET ADDRESS	5	STREET ADDRESS					i
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		NAME CIPEET ADDRESS					
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not of elify 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 its 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 piner like propowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME

NING OFFICER OR DIRECTOR

Delete

☐ Delete

N. Allen, Jr.

4/29/04 305-

305-372-334

Change

☐ Change

Addition

☐ Addition