FROM :

FAX NO. : 4076683327

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90082 031 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000083100

1. Entity Name
ALL FLOORING INSTALLATION SERVICE, INC.

Principal Place of Business	Mailing Address
4450 PARK BREEZE CT ORLANDO, FL 32804	742 ARLENE DR DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

05032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3572121

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARIA M
742 ARLENE DR.
DELTONA, FL 32725

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6. 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: _____ (NOTE: Registered Agent signature required when changing) DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GARCIA, HECTOR L
STREET ADDRESS	742 ARLENE DR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	PSTD
NAME	GARCIA, MARIA M
STREET ADDRESS	742 ARLENE DR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Maria M. Garcia 5/3/05 407-947-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #