

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # P99000032969

1. Entity Name
GOLDEN FLOOR MAINTENANCE SERVICES, INC.



Principal Place of Business
**1603 4TH ST
ORLANDO, FL 32824 US**

Mailing Address
**1603 4TH ST
ORLANDO, FL 32824 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3575628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORES, NAIDA
1330 4TH ST.
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000787303
01/17/08-80076-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
FLORES, NAIDA
STREET ADDRESS
1603 4TH ST
CITY-ST-ZIP
ORLANDO, FL 32824

TITLE
VP
NAME
FLORES, WILFREDO
STREET ADDRESS
1603 4TH ST
CITY-ST-ZIP
ORLANDO, FL 32824

TITLE
GMGR
NAME
FLORES, LUCIANA
STREET ADDRESS
1603 4TH ST
CITY-ST-ZIP
ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-08

Daytime Phone #

407-859-3063