

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000026216

**FILED**  
**Sep 13, 2018**  
**Secretary of State**  
**CC7786318297**

**Entity Name:** DEL MONTE' S FLOORS INC

**Current Principal Place of Business:**

4734 SOUTHBREEZE DR  
TAMPA, FL 33624

**Current Mailing Address:**

4734 SOUTHBREEZE DR  
TAMPA, FL 33624 US

**FEI Number:** 20-4362951

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEL MONTE, CARLOS  
4734 SOUTHBREEZE DR  
TAMPA, FL 33624 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P                   | Title           | VP                  |
| Name            | DEL MONTE, CARLOS   | Name            | URRUTIA, LAZARO     |
| Address         | 4734 SOUTHBREEZE DR | Address         | 4734 SOUTHBREEZE DR |
| City-State-Zip: | TAMPA FL 33624      | City-State-Zip: | TAMPA FL 33624      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS DELMONTE

**PRESIDENT**

**09/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date