

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138375

Entity Name: M2 FLOORING, CORP.

FILED  
Feb 13, 2008  
Secretary of State

**Current Principal Place of Business:**

57 SARA AVE S  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

57 SARA AVE S  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 20-1715971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA, IVALDO A  
57 SARA AVE S  
LEHIGH ACRES, FL 33971 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: SILVA, IVALDO A  
Address: 57 SARA AVE S  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP ( ) Delete  
Name: SANTANA, JOSE L  
Address: 9850 BERNWOOD PLACE DR #210  
City-St-Zip: FORT MYERS, FL 33966 US

Title: D ( ) Delete  
Name: SILVA, SEBASTIAO  
Address: 9850 BERNWOOD PLACE DR #210  
City-St-Zip: FORT MYERS, FL 33966 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COSTA, JOSE T  
Address: 3760 METRO PARKWAY APTO 636  
City-St-Zip: FORT MYERS, FL 33971 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVALDO A SILVA

P/D

02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date