


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

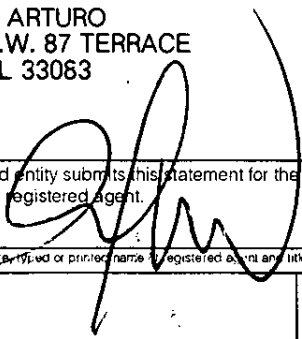
**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90012 021 \*\*\*\*50.00

<b>DOCUMENT # L04000002445</b>			
1. Entity Name <b>ARTURO TRIANA FLOORING LLC</b>			
Principal Place of Business <b>13206 S.W. 87 TERRACE MIAMI FL 33083</b>		Mailing Address <b>13206 S.W. 87 TERRACE MIAMI FL 33083</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>33183</b>	Country	Zip <b>33183</b>	Country



2nd MOORE CR2E083 (5/05)

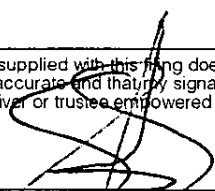
4. FEI Number <b>841637906.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRIANA, ARTURO 13206 S.W. 87 TERRACE MIAMI FL 33083</b>		7. Name and Address of New Registered Agent	
		Name <b>ARTURO TRIANA.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>13206 SW 87 Terr</b>	
		City <b>MIAMI</b>	FL Zip Code <b>33183</b>
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 		DATE <b>9/1/05</b>	

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TRIANA, ARTURO 13206 S.W. 87 TERRACE MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUAREZ, SONIA 13206 S.W. 87 TERRACE MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

 **SONIA SUAREZ** 9/1/05 305-385-5936