## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 10, 2007 8:00 am Secretary of State DOCUMENT # P05000160519 05-10-2007 90027 005 \*\*\*150.00 ART-FLOORING HARDWOOD CORP. Principal Place of Business Mailing Address 175 FONTAINEBLEAU BLVD. 175 FONTAINEBLEAU BLVD. SUITE 1-R13 SUITE 1-R13 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04282007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FELNumber 20-3907979 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURINI VICTORIA, CARLOS O. Box Number in Not Acceptable 175 FONTAINEBLEAU BLVD. **SUITE 1-R13** MIAMI, FL 33172 City VI IAM I 8. The above named of submits this parement for the purpos pancing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of 4-30-07 (NOTE: Registered Agent signature requi Signature, typed or printed name of registered eigent and tale if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Delete TITLE ☐ Change THE □ Addition TSE MING, CHEŃ NAME NAME 175 FONTAINEBLEAU BLVD. SUITE 1-R13 STREET ADDRESS STREET ADDRESS CITY-5"-ZP MIAMI, FL 33172 CITY-ST-ZP Change ☐ Addition ☐ Delete TITLE VENTURINI, WHAMIR 175 FONTAINEBLEAU BLUB, STE-1R13 VENTURINI, WLAMIR MANUE NAME STREET ADDRESS 175 FONTAINEBLEAU BLVD, SUITE 1-R13 STREET ADDRESS FL 33/72 CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MIAMI ☐ Delete DDE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TUTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP DILE ☐ Delete ħПЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. Thereby 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 empoyers displayed by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an altachmy Venturini Wamin 4-30-07 SIGNATURE:

FILED