


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # 856078	
1. Entity Name SATIN FINISH HARDWOOD FLOORING (ONTARIO) LIMITED CORPORATION	

Principal Place of Business C/O BERKOWITZ DICK POLLACK & BRANT 200 SOUTH BISCAYNE BLVD, SIXTH FLOOR MIAMI, FL 33131 US	Mailing Address C/O BERKOWITZ DICK POLLACK & BRANT 200 SOUTH BISCAYNE BLVD, SIXTH FLOOR MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0066253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCHULTZ, TERRENCE A 200 SOUTH BISCAYNE BLVD SIXTH FLOOR MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALOS, IVAN 62 OLD COLONY RD. WILLOWDALE, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFSTEDER, GEORGE 19 ERICA AVE. DOWNSVIEW, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR, ANDREW 4 ST. MARGARETS DR. TORONTO, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, DAVID 134 CLANTON PARK RD. DOWNSVIEW, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000721012  
05/01/07-80129-013 150.00

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: 	APR. 20 07 416 241 8631
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>