


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002405	
1. Entity Name ELEGANTE HARDWOODS, INC.	

Principal Place of Business 17041 ALICO COMMERCE CT FT MYERS, FL 33912	Mailing Address 211 E 43 ST RM 1407 NEW YORK, NY 10017
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1651190	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRIONE, JOHN 17041 ALICO COMMERCE CT FT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 *John Trione* (NOTE: Registered Agent signature required when reinstating) DATE 4/12/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP TRIONE, JOHN 464 LAFAYETTE DR BRICE, NJ 08723
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV ORDOUEZ, MAURICE 166-09 JEWEL AVE FRESH MEADOWS, NY 11365
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**DO NOT WRITE
IN THIS SPACE**

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: *John Trione* Date 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #