


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 021 ****50.00

DOCUMENT # L04000056910			
1. Entity Name KINGDOM'S WOOD FLOOR, LLC			
Principal Place of Business 7403 SW 152 AVE. MIAMI, FL 33193		Mailing Address 7403 SW 152 AVE. MIAMI, FL 33193	
2. Principal Place of Business 14195 SW 87 ST. Suite, Apt. #, etc. B-101 City & State MIAMI, FL Zip 33183 Country DADE		3. Mailing Address 14195 SW 87 ST. Suite, Apt. #, etc. B-101 City & State MIAMI, FL Zip 33183 Country DADE	
4. FEI Number 20-1446303		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, HERNAN 7403 SW 152 AVE. MIAMI, FL 33193		7. Name and Address of New Registered Agent Name RAMIREZ, HERNAN Street Address (P.O. Box Number is Not Acceptable) 14195 SW 87 ST. City MIAMI FL Zip Code 33183	
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 <u>Hernan Ramirez</u> DATE <u>04/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, HERNAN 7403 SW 152 AVE. MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. RAMIREZ, HERNAN 14195 SW 87 ST. B-101 MIAMI, FL. 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEAGUE, CARLOS 7403 SW 152 AVE. MIAMI, FL 33193 <input checked="" 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	MGR ALVARADO, EDDIE 7403 SW 152 AVE. MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ALVARADO, EDDIE 14195 SW 87 ST. B-101 MIAMI, FL. 33183 <input checked="" 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: <u>Hernan Ramirez</u>		Date: <u>04/20/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	

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