


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90033 009 \*\*\*\*50.00

**DOCUMENT # L04000056910**

1. Entity Name  
KINGDOM'S WOOD FLOOR, LLC



Principal Place of Business 14195 SW 87 ST B-101 MIAMI, FL 33183 US	Mailing Address 14195 SW 87 ST B-101 MIAMI, FL 33183 US
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**DO NOT WRITE IN THIS SPACE**



04062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1446303	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMIREZ, HERNAN  
14195 SW 87 ST  
MIAMI, FL 33183

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, HERNAN 14195 SW 87 ST B-101 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVARADO, EDDIE 14195 SW 87 ST B-101 MIAMI, FL 33183
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11. 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 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: Hernan Ramirez      04-06-06      786208 2741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #