


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90361 049 \*\*\*\*50.00

DOCUMENT # L04000056910

1. Entity Name  
 KINGDOM'S WOOD FLOOR, LLC



Principal Place of Business Mailing Address

14195 SW 87 ST 14195 SW 87 ST  
 B-101 B-101  
 MIAMI, FL 33183 US MIAMI, FL 33183 US

40112000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7425 SW 152 Ave 7425 SW 152 Ave  
 Suite, Apt. #, etc. #105 Suite, Apt. #, etc. #105

04302007 Chg-LLC CR2E083 (12/06)

City & State Miami, FL City & State Miami, FL

Zip 33193 Country Zip 33193 Country

4. FEI Number 20-1446303 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name Ramirez, Hernan  
 Street Address (P.O. Box Number is Not Acceptable)  
 7425 SW 152 Ave #105  
 City Miami FL Zip Code 33193

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: Hernan Ramirez (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, HERNAN 14195 SW 87 ST B-101 MIAMI, FL 33183 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ramirez, Hernan 7425 SW 152 Ave #105 Miami FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #