
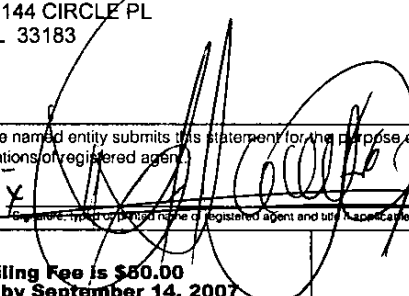
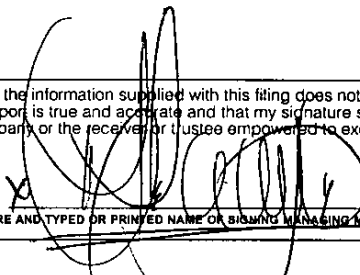


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90215 038 ****55.00

DOCUMENT # L04000069664 1. Entity Name A&S HARDWOOD FLOORS, LLC					
Principal Place of Business 5873 SW 144 CIRCLE PL MIAMI, FL 33183			Mailing Address 5873 SW 144 CIRCLE PL MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16602 SW 48 terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL		4. FEI Number 20-1675103	
Zip		Zip 33185		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				05142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LACAYO, ALBERTO D 5873 SW 144 CIRCLE PL MIAMI, FL 33183			7. Name and Address of New Registered Agent Name SANDRA S MUNOZ Street Address (P.O. Box Number is Not Acceptable) 5873 SW 144 circle PL 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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACAYO, ALBERTO D 5873 SW 144 CIRCLE PL MIAMI, FL 33183	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNOZ, SANDRA S 5873 SW 144 CIRCLE PL MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	