


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L12768</b> 1. Entity Name FLORIDO INTERIORS, INC.	
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Principal Place of Business 8295 SW 43 TERR MIAMI, FL 33155	Mailing Address 8295 SW 43 TERR MIAMI, FL 33155
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01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0145172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FLORIDO, INOCENCIO 8295 SW 43 TERR MIAMI, FL 33155
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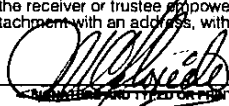
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000629869 02/19/07-80019-006 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORIDO, INOCENCIO 8295 SW 43 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORIDO, MARIA C. 8295 SW 43 TERR MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
<b>SIGNATURE:</b>  <u>Maria C. Florido</u> <u>01/30/07 (305) 552-481</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>