

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90057 044 ***150.00

DOCUMENT # M27610

1. Entity Name
U. S. HARDWOOD INTERNATIONAL, INC.



Principal Place of Business
1645 NW SOUTH RIVER DR
MIAMI, FL 33125

Mailing Address
1645 NW SOUTH RIVER DR
MIAMI, FL 33125

00000001



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2780951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A.
1645 NW SOUTH RIVER DR
MIAMI, FL 33125

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RODRIGUEZ, JOSE A. 1645 NW SOUTH RIVER DRIVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JOSE A. 1645 NW SOUTH RIVER DRIVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RODRIGUEZ, JOELY 1645 NW SOUTH RIVER DR MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joely Rodriguez
Joely Rodriguez, V.P.

1-26-06 3053714321