


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 009 ***150.00

DOCUMENT # P0000003775

1. Entity Name
BEST TRADITIONAL WOOD FLOORS, INC.



Principal Place of Business: **6510 KENDALE LAKES DRIVE APT 603 MIAMI, FL 33183-1815**

Mailing Address: **6510 KENDALE LAKES DRIVE APT 603 MIAMI, FL 33183-1815**

54053492



2. Principal Place of Business: **10965 SW 116 ST**

3. Mailing Address: **10965 SW 116 ST**

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State: **MIAMI FL**

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Zip: **33176** Country: **---**

Zip: **33176** Country: **---**

4. FEI Number: **65-0988184**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONTES, ENRIQUE
6510 KENDALE LAKES DRIVE APT 603
MIAMI, FL 33183-1815

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **10965 SW 116 ST**

City: **MIAMI** State: **FL** Zip Code: **33176**

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: **ENRIQUE MONTES** DATE: **04/27/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MONTES, ENRIQUE	
STREET ADDRESS	6510 KENDALE LAKES DRIVE APT 603	
CITY-ST-ZIP	MIAMI, FL 331831815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10965 SW 116 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ENRIQUE MONTES-PRES** DATE: **04/27/04** DAYTIME PHONE #: **(305) 588-3835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #