


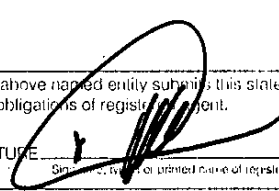
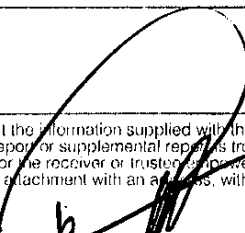
FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90081 031 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

40046270



DOCUMENT # P01000103451 1. Entity Name MAYO WOOD FLOORS, CORPORATION			
Principal Place of Business 365 NE 53RD ST APT 2 MIAMI, FL 33137		Mailing Address 365 NE 53RD ST APT 2 MIAMI, FL 33137	
2. Principal Place of Business 1501 NE 181 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI, FL		City & State	
Zip 33162	Country	Zip	Country
4. FEI Number 65-1149785		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 MAYO, CLAUDIO G 365 NE 53RD ST APT 2 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name CLAUDIO MAYO Street Address (P.O. Box Number is Not Acceptable) 1501 NE 181 ST APT 2 City NORTH MIAMI FL Zip Code 33162	
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  DATE 3/28/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO, CLAUDIO G 365 NE 53RD ST # MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO CLAUDIO G 1501 NE 181 ST NORTH MIAMI, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASTORINI, MARIANA B 365 NE 53RD ST APT 2 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 		03/28/05 788-357-7597	