2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

an address, with all other like empowered.

Mar 31, 2004 8:00 am DOCUMENT # P02000002865 **Secretary of State** 1. Entity Name 03-31-2004 90020 041 ***150.00 H & B HARDWOOD FLOORS, INC. Principal Place of Business Mailing Address 4320 SW 14 ST MIAMI FL 33134 4320 SW 14 ST **MIAMI FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0924791 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAUZ, HERMES Street Address (P.O. Box Number is Not Acceptable) 1360 SW 42ND AVE, APT 1 **MIAMI FL 33134** 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ☐ Addition 4320 SW 14 ST. NAME ARAUZ, HERMES NAME STREET ADDRESS 1360 SW 42ND AVE, APT 1 STREET ADDRESS WIANI FI 33134 CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition MAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRESIDENT

Daytime Phone #

FILED