FILED
May 09, 2003 8:00 am
Secretary of State

04-17-2003 90158 024 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000024193

1. Entity Name
SOUTHERN HERITAGE WOOD FLOOR CORP.

55039437

Principal Place of Business	Mailing Address
8646 SW 158 PLACE MIAMI, FL 33193	8646 SW 158 PLACE MIAMI, FL 33193

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8647 SW 158 PL	8647 SW 158 Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, Fl	City & State: MIAMI, Fl
Zip: 33193 Country: DADE	Zip: 33193 Country: DADE

4. FEI Number: 04-3616149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, JORGE
8646 SW 158 PLACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: JORGE CABRERA
Street Address (P.O. Box Number is Not Acceptable): 8647 SW 158 PL
City: MIAMI FL Zip Code: 33193

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] 04/09/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 CABRERA, JORGE 8646 SW 158 PLACE MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JORGE CABRERA 8647 SW 158 PL MIAMI, Fl 33193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 04/09/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #