FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

02-20-2004 90009 027 ***150.00
P02000045477

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045477

1. Entity Name

PARAGUAY WOOD & FLOORS INC.

94018275

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 0304

2. Principal Place of Business	3. Mailing Address
230 NORTH DIXIE HWY	230 NORTH DIXIE HWY
Suite, Apt. #, etc.: BAY # 24	Suite, Apt. #, etc.: BAY # 24
City & State: HOLLYWOOD, FLORIDA	City & State: HOLLYWOOD, FLORIDA
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 03-0435533 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MONICA B. CRAMER

Street Address (P.O. Box Number is Not Acceptable): 230 NORTH DIXIE HWY
BAY # 24

City: HOLLYWOOD FL Zip Code: 33020

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.

REINSTATEMENT

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MONICA B. CRAMER 230 NORTH DIXIE HWY BAY # 24 HOLLYWOOD, FL 33020
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MONICA B CRAMER 02/13/04 (954)9263696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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