

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

94018275

DO NOT WRITE IN THIS SPACE

0304

DOCUMENT # P02000045477	
1. Entity Name PARAGUAY WOOD & FLOORS INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 230 NORTH DIXIE HWY Suite, Apt. #, etc. BAY # 24 City & State HOLLYWOOD, FLORIDA Zip 33020 Country USA	3. Mailing Address 230 NORTH DIXIE HWY Suite, Apt. #, etc. BAY # 24 City & State HOLLYWOOD, FLORIDA Zip 33020 Country USA
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4. FEI Number 03-0435533	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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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.

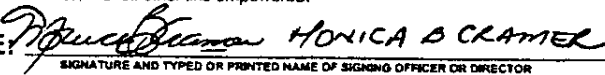
REINSTATEMENT

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MONICA B. CRAMER 230 NORTH DIXIE HWY BAY # 24 HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900030122279 03/03/04--01061--011 ***150.00
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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  MONICA B. CRAMER	03/13/04	(954)9263696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)

65