

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90012 004 \*\*\*150.00

**DOCUMENT # P02000064720**

1. Entity Name

WOOD FLOOR SOLUTIONS, INC.



Principal Place of Business

8021 N.W. 66TH STREET  
MIAMI, FL 33166

Mailing Address

8021 N.W. 66TH STREET  
MIAMI, FL 33166

**54073697**



09272004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

42-1557837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOZANO, WINSOR  
8021 N.W. 66TH STREET  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LOZANO, WINSOR  
STREET ADDRESS 8021 N.W. 66TH STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-04

Date

305 219-5076

Daytime Phone #

Attachment  
574073697

CABANAS & ASSOCIATES, P.A.  
ACCOUNTING, TAX PLANNING & PREPARATION  
SQUARE ONE BUSINESS CENTER  
10520 N.W. 26<sup>TH</sup> STREET  
SUITE C-201  
MIAMI, FLORIDA 33172

TELEPHONE: 305-513-3639  
FAX: 305-513-4122

MEMBER OF  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS  
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

September 24, 2004

Department of State  
Division of Corporations  
P. O. Box 6198  
Tallahassee, Fl. 32314

RE: ~~WOOD-FLOOR SOLUTIONS, INC.~~  
P 02000064729

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

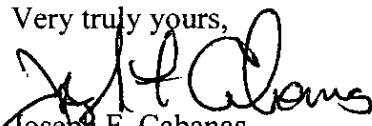
Please note that our client requests amnesty and abatement of the \$400.00 penalty due to the fact that they never received the Annual Report application.

We are enclosing a signed Annual Report Form with a check for \$150.00 for the original filing fee.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,

  
Joseph F. Cabanas  
Enclosure