
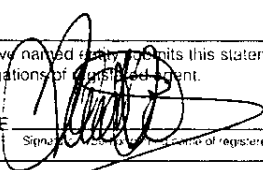
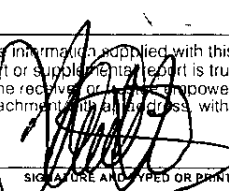


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90033 030 ***150.00

| | | | | | |
|---|--|---------------------|--|---|--|
| DOCUMENT # P02000078684 1. Entity Name UNIVERSAL WOOD FLOORS, CORP. | | | |  | |
| Principal Place of Business 7750 WEST 26 AVE STE 9 & 10 HIALEAH, FL 33016 | | | Mailing Address 7750 WEST 26 AVE STE 9 & 10 HIALEAH, FL 33016 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 41-2051894 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIAZ, RAUL 7750 WEST 26 AVE STE 9 & 10 MIAMI, FL 33193 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity adopts 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, the registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature of the current or former registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> DATE: 3/20/08 </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD DIAZ, RAUL 7750 WEST 26 AVE STE 9 & 10 MIAMI, FL 33193 | | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 liquidator 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 all address, with all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Date: 3/20/08 </div> <div style="width: 40%; text-align: right;"> Daytime Phone #: 786-280-7257 </div> </div> | | |