

DOCUMENT # P02000103194

1. Entity Name

WOOD FLOOR MART, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/06)

Principal Place of Business
630 NW 113TH STREET
MAIMI FL 33168Mailing Address
630 NW 113TH STREET
MAIMI FL 33168

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 03-0488607

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERMAN, CARLOS D
 2611 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 in application

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May 2
 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY ST ZIP
 D LLOBEL, FABIAN
 630 NW 113TH STREET
 MAIMI FL 33168

TITLE NAME ☐ Change ☐ Add
 STREET ADDRESS
 CITY ST ZIP
 000000603801
 02/01/07-80065-006 150.00

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY ST ZIP

TITLE NAME ☐ Change ☐ Add
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Add
 STREET ADDRESS
 CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/07

Date

(352) 757-9400

Daytime Phone #