


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000113144 1. Entity Name WOODFLOOR SOLUTIONS USA, INC.	
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Principal Place of Business 8550 SW 8 STREET MIAMI, FL 33144	Mailing Address 8550 SW 8 STREET MIAMI, FL 33144
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1027525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE MORILLO, MARTHA IBIS 8550 SW 8TH ST. MIAMI, FL 33144
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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 WOODFLOOR SOLUTIONS USA DATE 2/18/05
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUENTES, CONCEPCION A 855 LUQLAM DRIVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEDRON DE MORILLO, MARTHA IBIS 8550 SW 8TH ST. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U00000238117 02/21/05-80085-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Martina Cedron de M DATE 2/18/05 (305) 264 0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #