- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P03000008445** 05-04-2005 90119 033 ***150.00 MARICHAL WOOD FLOORS INC. Mailing Address Principal Place of Business 5769 NW 7TH ST #274 5769 NW 7TH ST #274 MIAMI, FL 33126 MIAMI, FL 33126 3. Mailing Address 5727 NW 2. Principal Place of Business 5727 NW Suite, Apt. #. etc. Suite, Apt. #, etc. 04292005 Chg-P CR2E034 (10/03) 274 274 City & State Applied For 4. FEI Number FLORIDA 51-0486644 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 33126 05A Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Agent MARICHAL, ROGELIO-Street Address (P.O. Box Number is Not Acceptable) 5769 NW 7TH ST #274 MIAMI, FL 33126 City Zip Code FL 8. The above named entity submits this statement for the Apose 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, typesi or printed name of registered against and the if (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE DIRFETOR Change ☐ Addition TIFLE Delete HARICHAL, ROGELIO MARICHAL, ROGELIO MARKE NAME 5769 NW 7TH ST #274 STREET ADDRESS STREET ADORESS 27 NW 7 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP ☐ Delete TITLE DITE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 each that I am an officer or director of the corporation or the receiver or trustee engagement 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

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