

P03000008445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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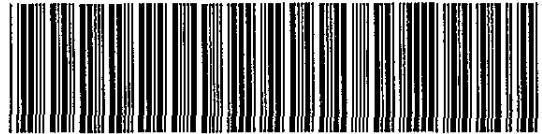
(Business Entity Name)

(Document Number)

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*RA Change
T. Lewis*

07/05/05--01016--025 **35.00

FILED
05 AUG 26 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marichal wood Floors Inc.
(Name of corporation)

DOCUMENT NUMBER: P03000000 8445

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rogelio Marichal
(Name of contact person)

Marichal wood Floors Inc.
(Firm/Company)

5727 NW 7st #274
(Address)

Miami, FL 33126
(City/state and zip code)

For further information concerning this matter, please call:

Rogelio Marichal at (786) 229-9625
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 12, 2005

ROGELIO MARICHAL
MARICHAL WOOD FLOORS INC.
5727 NW 7 STREET, #274
MIAMI, FL 33126

SUBJECT: MARICHAL WOOD FLOORS INC.
Ref. Number: P03000008445

We have received your document for MARICHAL WOOD FLOORS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 105A00045862

RECEIVED
05 AUG 26 AM 8:00
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marichal Wood Floors Inc.
2. The principal office address: 5727 NW 7th St #274
Miami FL 33126
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-16-2003 Document number: ~~PO00~~ PO3000008445
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bogelio Marichal
5769 NW 7th St #274
Miami Florida 33126

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jose A. Trujillo
1024 NW 26 Ave
(P.O. Box NOT acceptable)
Miami FL 33125

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] President
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 6-30-05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314