

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000008445**

1. Entity Name  
**MARICHAL WOOD FLOORS INC.**



Principal Place of Business

**5727 NW 7 STREET  
SUITE 274  
MIAMI, FL 33126**

Mailing Address

**5727 NW 7 STREET  
SUITE 274  
MIAMI, FL 33126**



04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0486644**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TRUJILLO, JOSE A  
1024 N.W. 26TH AVE.  
MIAMI, FL 33125**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MARICHAL, ROGELIO  
5727 NW 7 STREET, SUITE 274  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
PENA, ALVARO  
8800 SW 42 TERRACE  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
FUSTE, MARIO  
8200 SW 65 AVENUE, SUITE A-2  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000561167  
05/19/06-80003-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** *Rogelio Marichal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-06 (786) 229-962