

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90725 024 \*\*\*150.00

<b>DOCUMENT # P03000027327</b> 1. Entity Name <b>MATRIX WOODFLOOR, INC.</b>					
Principal Place of Business <b>2970 SW 38TH COURT SUITE 1 MIAMI, FL 33134</b>			Mailing Address <b>2970 SW 38TH COURT SUITE 1 MIAMI, FL 33134</b>		
2. Principal Place of Business <b>3102 SW. 2TH. ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3102 SW. 2TH. ST.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>65-1177346</b>	
Zip <b>33135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIGUEROA, ANTONIO 2970 SW 38TH COURT SUITE 1 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>FIGUEROA, ANTONIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3102 SW. 2TH. ST.</b> City <b>MIAMI</b> FL <b>33135</b>		
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 <b>x [Signature]</b> <b>ANTONIO FIGUEROA</b> <b>PRESIDENT</b> <b>4/28/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 2970 SW 38TH COURT #1 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 3102 SW. 2TH. ST. MIAMI, FL., 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 3102 SW. 2TH. ST. MIAMI, FL., 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 3102 SW. 2TH. ST. MIAMI, FL., 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 3102 SW. 2TH. ST. MIAMI, FL., 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, ANTONIO 3102 SW. 2TH. ST. MIAMI, FL., 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>x [Signature]</b> <b>ANTONIO FIGUEROA</b> <b>PRESIDENT</b> <b>4/28/04</b> <b>(786) 853-1972</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					