

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2004 90012 023 \*\*\*150.00

**DOCUMENT # P03000035605**

1. Entity Name  
OSPINA WOOD FLOOR, CORP.



Principal Place of Business  
1971 LYONS ROAD #103  
COCONUT CREEK, FL 33063

Mailing Address  
1971 LYONS ROAD #103  
COCONUT CREEK, FL 33063

66431304

2. Principal Place of Business  
1700 NW 8th Court  
Suite, Apt. #, etc.

3. Mailing Address  
1700 NW 8th Court  
Suite, Apt. #, etc.

City & State  
Margate, FL  
33063  
Country  
U.S.

City & State  
Margate, FL  
33063  
Country  
U.S.

07192004 Chg-P CR2E034 (10/03)

4. FRI Number  
76-0725947

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NOFIL, JOSEPH K P.A.  
3284 NORTH STATE RD. 7  
LAUDERDALE LAKES, FL 33319

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	OSPINA, CESAR	
STREET ADDRESS	1971 LYONS ROAD #103	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1700 NW 8th Court	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barry L. Osprey* (954) 296-7891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
66431304

**OSPINA WOOD FLOOR, CORP.**

7200 NW 8<sup>th</sup> Court  
Margate, Florida 33063  
(954) 296-7891

July 30th, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE:

UBR 2004

P03000035605

To Whom It May Concern,

Please be advised that the UBR 2004 along with check No. 1187 was submitted timely. About a week ago, I received a notice of intent to dissolve. As per a conversation with a representative in your office, I was advised to write a letter explaining that I never received any notice letting me know that the EIN No. was missing.

Enclosed please find a new UBR form, please update our new address, and with the EIN No. We also are sending a copy of the original form and the check previously submitted. Please process as soon as possible.

Cordially,

  
Cesar Ospina  
President

Attachment  
66643/304

COPY

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000035605

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COCONUT CREEK, FL 33063

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State

City & State

Zip

Country

Zip

Country

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL, JOSEPH K P.A.  
3284 NORTH STATE RD. 7  
LAUDERDALE LAKES, FL 33319

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 of principal officer or registered agent or both (add name)

(NOTE: Any change of agent's status may require re-issuance)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete	PSTD OSPINA, CESAR	1971 LYONS ROAD #103	COCONUT CREEK, FL 33063
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Change <input type="checkbox"/> Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 974 7858

Date

Signature Photo

OSPINA WOOD FLOOR, CORP.  
1971 LYONS RD, 103  
COCONUT CREEK, FL 33063

PAY TO THE ORDER OF  
Florida Dept of State  
One hundred & fifty  
\$150.00  
DOLLARS

BankAtlantic  
FLORIDA'S MOST COMMITMENT BANK  
4000 Coconut Creek Pkwy.  
Coconut Creek, FL 33063

FOR P03000035605 / 06/02/2004

DATE: February 25, 2004

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