
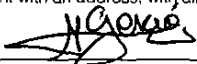


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90412 018 ***150.00

DOCUMENT # P03000059240 1. Entity Name M.A.G. WOOD FLOORING CORP.					
Principal Place of Business 4000 COLLINS AVENUE 512 MIAMI BEACH, FL 33140 US			Mailing Address 4000 COLLINS AVENUE 512 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business 900 West Ave <small>Suite, Apt., #, etc.</small> Suite 427 <small>City & State</small> Miami Beach FL <small>Zip</small> 33139 <small>Country</small> US			3. Mailing Address 900 West Ave <small>Suite, Apt., #, etc.</small> Suite 427 <small>City & State</small> Miami Beach FL <small>Zip</small> 33139 <small>Country</small> US		
6. Name and Address of Current Registered Agent GARCIA, MARTIN A 4000 COLLINS AVENUE 512 MIAMI BEACH, FL J3314-0			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P GARCIA, MARTIN A 4000 COLLINS AVENUE APT 512 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P Martin A Garcia 900 West Ave Ste # 427 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Martin A Garcia Pres. Date: 12/6/03 Daytime Phone #: 416-5570					

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02162004 Chg-P CR2E034 (10/03)

4. FEI Number **45-0515944** Applied For ☐ Not Applicable ☒

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