

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 27 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000083917



1. Entity Name
MIAMI WOOD FLOOR, INC. OF MIAMI

Principal Place of Business
6110 SW 129TH PLACE
#1701
MIAMI, FL 33183

Mailing Address
6110 SW 129TH PLACE
#1701
MIAMI, FL 33183



2. Principal Place of Business
6110 SW 129TH PLACE

3. Mailing Address
6110 SW 129TH PLACE

Suite, Apt. #, etc.
Unit # 1701

Suite, Apt. #, etc.
Unit # 1701

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33183

Country
USA

Zip

Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
32-0087431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, SHEYLA
6110 SW 129TH PLACE
#1701
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name
Sheyla Morales

Street Address (P.O. Box Number is Not Acceptable)

6110 SW 129TH PLACE Unit #1701

City
Miami

FL Zip Code
33183

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, 2004 Fee will be \$350.00

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
P
MORALES, SHEYLA
6110 SW 129TH PLACE #1701
MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6110 SW 129TH PLACE Unit #1701
Miami, FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500035821165
05/10/04-01074-011 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 305-386-2088
Date Daytime Phone #