


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90335 032 ***150.00

DOCUMENT # P03000113455		
1. Entity Name FLORIDA INTERNATIONAL WOOD FLOOR, INC.		

Principal Place of Business 8205 SW AVE STE #314 MIAMI, FL 33193	Mailing Address 8205 SW AVE STE #314 MIAMI, FL 33193
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50039969

2. Principal Place of Business <i>8205 SW AVE</i>	3. Mailing Address <i>580 Palmetto Dr</i>
Suite, Apt. #, etc. <i>STE 314</i>	Suite, Apt. #, etc.

City & State <i>Miami FL</i>	City & State <i>Miami Springs FL</i>
Zip <i>33193</i>	Zip <i>33166</i>
Country <i>U.S.A</i>	Country <i>U.S.A</i>



03242005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0317423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRILLON, GUSTAVO A 8205 SW AVE STE #314 MIAMI, FL 33193	
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRILLON, GUSTAVO A 8205 SW AVE STE #314 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CASTRILLON, GUSTAVO A.</i> <i>580 Palmetto Dr</i> <i>Miami Springs</i> <i>33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 reports 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: <i>X</i>	<i>03/24/2005</i> <i>(286)287-4043</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #