

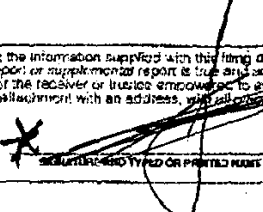
FROM : MARTIN

FAX NO. : 3853265866

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90260 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157610 1. Entity Name BLUE COAST WOOD FLOOR CORP		
Principal Place of Business 5470 25TH PLACE SW NAPLES, FL 34116 US	Mailing Address 5470 25TH PLACE SW NAPLES, FL 34116 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMARDA, JOSE L 5470 25TH PLACE SW NAPLES, FL 34116		20045838  04022005 No Chg-P CR2EQ34 (10/03) 4. FEI Number 20-0707725 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
9. 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when filing report.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Fund Pledge Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
NAME CAMARDA, JOSE L STREET ADDRESS 5470 25TH PLACE SW CITY-STATE-ZIP NAPLES, FL 34116	DO NOT WRITE IN THIS SPACE	
TITLE VP NAME MORENO, LUIS A STREET ADDRESS 5332 TREE TOP DRIVE CITY-STATE-ZIP NAPLES, FL 34113	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(K), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if change, or in an attachment with an address, and all persons employed.		
SIGNATURE:  DATE: 4/21/05 (Signature, typed or printed name of signing officer or director)		