


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000010469	
1. Entity Name REMA WOOD FLOORING, INC.	

FILED
08 SEP 15 AM 11:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13239 MARQUETTE BLVD FORT MYERS, FL 33905	Mailing Address 13239 MARQUETTE BLVD FORT MYERS, FL 33905
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2. Principal Place of Business - No P.O. Box # 2436 SAPODILLA LN	3. Mailing Address 5680 BUR OAKS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.



09082008 Chg-P CR2E034 (12/06)

City & State JAMES CITY-FL	City & State NAPLES FL	4. FEI Number 20-0598631	Applied For <input type="checkbox"/> Not Applicable
Zip 33956	Country LEE	Zip 34119	City COLLIER
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent RESTIVO, MARLY 13239 MARQUETTE BLVD FORT MYERS, FL 33905	7. Name and Address of New Registered Agent Name CLAUDIO FONTANARI Street Address (P.O. Box Number is Not Acceptable) 5680 BUR OAKS LN City NAPLES FL Zip Code 34119
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 700136106247 18/08--01047--016 **70.00
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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 FONTANARI, CLAUDIO 13239 MARQUETTE BLVD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONTANARI CLAUDIO 5680 BUR OAKS LN NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTIVO, MARLY 13239 MARQUETTE BLVD FORT MYERS, FL 33905 <input checked="" 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
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 exemptions contained in Chapter 119, 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: Claudio Fontanari 09/10/08 239-821-5083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

al1500