## **2007 FOR PROFIT CORPORATION**

## Apr 30, 2007 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P04000036783 1. Entity Name SUNSHINE WOOD FLOORING, INC. Principal Place of Business Mailino Address 11780 SW 18TH ST #512 11780 SW 18TH ST #512 MIAMI, FL 33175 MIAMI, FL 33175 03232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0829927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENITEZ, ROLANDO R DO NOT WRITE 11780 SW 18TH ST #512 MIAMI, FL 33175 IN THIS SPACE per i linite " 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BENITEZ, ROLANDO R 11780 SW 18TH ST #512 STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP TITLE NAME U00000750391 STREET ADDRESS 05/18/07-80059-019 150.do CITY-ST-ZIP TITLE DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**