

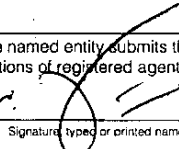
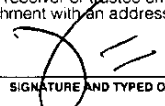


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 041 ***150.00

DOCUMENT # P04000086482 1. Entity Name ALLIANCE HARDWOOD FLOOR INCORPORATED					
Principal Place of Business 9320 FONTAINEBLEAU BLVD. SUITE #609 MIAMI, FL 33172		Mailing Address 9320 FONTAINEBLEAU BLVD. SUITE #609 MIAMI, FL 33172		50025360 	
2. Principal Place of Business 160 W 31 ST Suite, Apt. #, etc.		3. Mailing Address 160 W 31 ST Suite, Apt. #, etc.		08142006 Chg-P CR2E034 (11/05)	
City & State Hialeah FL Zip Country 33012 USA		City & State Hialeah FL Zip Country 33012 USA		4. FEI Number 20-1198981	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACHADO, PABEL 9320 FONTAINEBLEAU BLVD. SUITE #609 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name MACHADO PABEL Street Address (P.O. Box Number is Not Acceptable) 160 W 31 ST City Hialeah FL Zip Code 33012		
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  DATE 08/15/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, PABEL 9320 FONTAINEBLEAU BLVD. SUITE #609 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, PABEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 160 W 31 ST Hialeah FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERGARA, HAROLD 6885 N.W. 179TH STREET #301 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vergara, Harold <input type="checkbox"/> Change <input type="checkbox"/> Addition 15401 SW 137 CT MIAMI FL 33177		
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		
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		
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: 		08/10/06 (786) 316-5436 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					