2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P04000103489 1. Entity Name G & R HARDWOOD FLOORS INC						04-15-2005 90072 027 ***150.00			
Principal Plac	e of Business	Mailing Address	Mailing Address			TOUGLALA			
6312 ROYAL HUNT DR		6312 ROYAL HUNT DR							
304 TAMPA, FL 33625		304 TAMBA EL 22025							
IAMPA, FL	33025	TAMPA, FL 33625	TAMPA, FL 33025						
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005	Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Numbe	20548	52 A	pplied For ot Applicable		
Zip	Country Zip		Country		5. Certificate	of Status Desired	\$8.75 Ad		
6. Name and Address of Current Re		Registered Agent	egistered Agent		7. Name and	Address of New I	Registered Agent		
				Name					
PUENTES 8013 N HA TAMPA, F	LE AVE		Street Address		ss (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
I TOMEA, E	L 33014								
			Ī	City FL Zip Code				ie	
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.								, and accept	
SIGNATURE									
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE: NOWIII. FEE IS: \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be	-		_	
10.	OFFICERS AND	L DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE	P	☐ Delele	elele TITLE				☐ Change	Addition	
NAME	RAMIREZ, ANDREINA C		NAME						
STREET ADDRESS 6312 ROYAL HUNT DR APT #304 CITY-ST-ZIP TAMPA, FL 33625		4	STREET CITY-S						
TITLE	VP Delete		TITLE				☐ Change	☐ Addition	
NAME	GOMEZ, PEDRO J		NAME	I					
STREET ADDRESS	6312 ROYAL HUNT DR APT #30	14	STREET						
CITY-ST-ZIP	TAMPA, FL 33625	П	CITY-ST-Z						
TITLE NAME		☐ Delete	TITLE NAME	I			☐ Change	Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP				<u>-</u>	
TITLE		☐ Datele					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY_SI-ZIP_				ST-ZIP					
TITLE		☐ Delete	TITLE	L			Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CHY-	ST-ZIP					

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 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 the empowered.

SIGNATURE:

MAYE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #