

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90002 042 ***150.00

DOCUMENT # P04000106588

1. Entity Name
GREAT WOOD FLOORS, INC.



Principal Place of Business Mailing Address
15432 SW 77TH CIRCLE LANE, APT. #202 15432 SW 77TH CIRCLE LANE, APT. #202
~~MIAMI, FL 33193~~ ~~MIAMI, FL 33193~~

60038854



2. Principal Place of Business 3. Mailing Address
14185 SW 87 STREET Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 204

City & State, City & State
MIAMI FLORIDA

Zip Country Zip Country
33183 U.S.A

09052006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1229195 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHEVERRI, IVAN F
15432 SW 77TH CIRCLE LANE, APT. #202
~~MIAMI, FL 33193~~

Name
Street Address (P.O. Box Number is Not Acceptable)
14185 SW 87 STREET APT 204
City Miami FL Zip Code 33183

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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

TITLE PD
NAME ECHEVERRI, IVAN F
STREET ADDRESS 6326 SW 139 AVE
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-05-06

Date

Daytime Phone #