## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 🗡

## Feb 23, 2006 08:00 AM DOCUMENT # P04000135745 Secretary of State 1. Entity Name SOUTH AMERICA WOOD FLOOR CORP Principal Place of Business Mailing Address 2655 WILINS AVE 2655 WILINS AVE APT 1205 APT 1205 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-1234313 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARABELLI, ROMINA Street Address (P.O. Box Number is Not Acceptable) 400 KING PORT DR. SUNNY ISLAND FL 33160 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or pretted name of registered agent and title if applicable (NOTE: Registered Agent signature required when rounstaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Oelete TITLE ☐ Change ☐ Adr NAME CARABELLI, OSCAR MARKE STREET ADURESS STREET ADDRESS 2655 COLLINS AVE, # 1205 U000000444783 CITY-ST-ZXP CITY-ST-ZIP MIAMI BEACH FL 33140 03/07<u>/06-80017</u>-005 150.00 TITLE ☐ Change ☐ A<sup>2</sup> Defete 3133 F NAME CARABELLI, ROMINA S NAME STREET ADDRESS 2655 COLLINS AVE. # 1205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE ☐ Delete TELE Change □ Add NAME NAME STREET ADDRESS SUBLES ADDRESS CITY-ST-ZIP CHY-ST-70P TITLE ☐ Defete Change TITLE - □ Ad. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-ST-ZIP TITLE ☐ Delete Change □ AC THILE NAME MAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP COV-ST-70P 717LE Delete THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information subplied with this filing does not qualify for the exemptions contained in Section 113, 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 direction 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 1 if changed, or on an attachment with the address, with all other like empowered.

FILED

186-426-4041

02-17-2006.