√2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000140796 05-04-2005 90102 046 ***150.00 1. Entity Name SC WOODS & FLOORS INC. Principal Place of Business Mailing Address 14016155 **1853 LEE STREET** 1853 LEE STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business / 0000 W. BAY HARDUR OR / 0000 W. BAY HARBUHA OR 04282005 CR2E034 (10/03) Why & State (& DY HARBOURSSIAND, FL 4. FEI Number Applied For 51-0525920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired MIONS-DODE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANO, SOMA CANO, SONIA Street Address (P.O. Box Number is Not Acceptable) UMR OR WAST 604 1853 LEE STREET. HOLLYWOOD, FLX33020 City BOY HARBOUR ISLAND ubmissibles 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 8. The above named entity the obligations of register SIGNATURE / 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete CANO, SONTA CANO, SONIA NAME NAME 10000 W BAY HARBOUR DR UNET COY STREET ADDRESS 1853 LEE STREET STREET ADDRESS BAY HARBOUR ESCAND FL 33154 HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET AOORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information htal 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 ustee, appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the informat indicated on this report or supp of the corporation or the received SIGNATURE: X PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED