



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90001 046 \*\*\*150.00

<b>DOCUMENT # P04000148755</b> 1. Entity Name <b>EXODO WOOD FLOORS, CORP.</b>					
Principal Place of Business <b>8251 SW 152ND AVENUE #3 MIAMI, FL 33193</b>			Mailing Address <b>8251 SW 152ND AVENUE #3 MIAMI, FL 33193</b>		
2. Principal Place of Business <b>9039 SW 133 Ct</b> Suite, Apt. #, etc. <b>F</b> City & State <b>Miami FL</b> Zip <b>33186</b>		3. Mailing Address <b>9039 SW 133 Ct</b> Suite, Apt. #, etc. <b>F</b> City & State <b>Miami FL</b> Zip <b>33186</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>54-2161797</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KEMP, HUGO 8251 SW 152ND AVENUE #3 MIAMI, FL 33193</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KEMP, HUGO A 8251 SW 152ND AVENUE CIRCLE #3 MIAMI, FL 33193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PEREIRA, RICHARD 3066 SW 20TH STREET CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Hugo A Kemp</u> <span style="float: right;">HUGO KEMP 0620.06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					