

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000160443
1. Entity Name BLUE MOUNTAIN FLOORING CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 630 NE 168 STREET Suite, Apt. #, etc. -	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State N. MIAMI BEACH, FL	City & State
Zip 33162	Country

4. FEI Number 75-3175608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name JUAN LUIS ALVAREZ	
Street Address (P.O. Box Number is Not Acceptable) 630 NE 168 STREET	
City MIAMI	Zip Code FL 33162

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUAN LUIS ALVAREZ 630 NE 168 STREET N. MIAMI BEACH, FLORIDA 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/26/05-80015-015 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Juan L. Alvarez **JUAN LUIS ALVAREZ** **3/23/2005** **(305) 332 3809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #