

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90015 047 \*\*\*150.00

**DOCUMENT # P05000048747**

1. Entity Name  
**UGD FLOORS INC.**



Principal Place of Business  
**2870 W 3 CT  
HIALEAH, FL 33010**

Mailing Address  
**2870 W 3 CT  
HIALEAH, FL 33010**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-2610554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**RUSO, OMAR  
2870 W 3 CT  
HIALEAH, FL 33010**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUSO, ANTONIO	
STREET ADDRESS	10125 SW 115 CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RUSO, IRMA	
STREET ADDRESS	10125 SW 115 CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSO, OMAR	
STREET ADDRESS	2870 W 3 CT	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSO, VANESSA	
STREET ADDRESS	2870 W 3 CT	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruso Antonio	
STREET ADDRESS	1830 South Ocean Dr. Tower 2 - Unit 3701	
CITY-ST-ZIP	Hialeahdale Fl. 33009	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruso Irma	
STREET ADDRESS	1830 South Ocean Dr. Tower 2 - Unit 3701	
CITY-ST-ZIP	Hialeahdale Fl. 33009	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruso Omar	
STREET ADDRESS	1100 N.W. 77 Terrace	
CITY-ST-ZIP	Doral Fl. 33178	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruso Vanessa	
STREET ADDRESS	6206 N.W. 113 Ct.	
CITY-ST-ZIP	Doral Fl. 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Antonio Ruso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

Daytime Phone #