

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

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



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSO, ANTONIO 1830 S. OCEAN DR. TOWER 2- UNIT 3701 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSO, IRMA 10125 SW 115 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSO, OMAR 11055 NW. 78 TERRACE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSO, VANESSA 6806 NW 113CT. DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000883348  
04/16/08-80076-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #