2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-11-2007 90014 040 ***150.00

DOCUMENT # P06000059088

1. Entity Name
ALVARO'S WOOD FLOOR INC

Principal Place of Business
8126 TURKEY DR
ORLANDO FL 32825

Mailing Address
8126 TURKEY DR
ORLANDO FL 32825

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # 8126 TURKEY DR.
Suite, Apt. #, etc.
City & State ORLANDO FL.
Zip 32825 Country USA.

3. Mailing Address SAME.
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 204763730. Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JARAMILLO, ALVARO
8126 TURKEY DR
ORLANDO FL 32825

7. Name and Address of New Registered Agent
Name ALVARO JARAMILLO
Street Address (P.O. Box Number is Not Acceptable)
8126 TURKEY DR.
City ORLANDO FL Zip Code 32825

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 Alvaro Jaramillo 3/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P JARAMILLO, ALVARO 8126 TURKEY DR ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alvaro Jaramillo 4/23/07 407-7487078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #