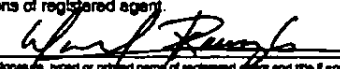
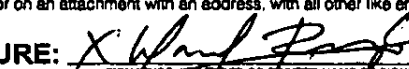


FILED
Apr 26, 2007 8:00 am
Secretary of State

03-27-2007 90012 046 ***150.00

DOCUMENT # P06000102612 1. Entity Name WOOD FLOORS ENTERPRISE, INC.				03-27-2007 90012 046 ***150.00	
Principal Place of Business 247 WALPOLE LOOP DAVENPORT, FL 33897 US		Mailing Address 7000 NW 177 STREET # K101 HIALEAH, FL 33015 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03132007 Chg-P CR2E034 (12/08)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-5342597 Applied For ☐ Not Applicable ☐	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HERNAIZ, RICARDO 247 WALPOLE LOOP DAVENPORT, FL 33897				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:  03/13/07 (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEB 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVARRIA, LAURA H 7000 NW 177 STREET # K101 HIALEAH, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, MANUEL A 7000 NW 177 STREET # K101 HIALEAH, FL 33015 ☐ 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 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:  03/13/07 (786) 262 4135		DATE: 03/13/07 Daytime Phone: (786) 262 4135			