2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102612

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Apr 27, 2009 Secretary of State

Entity Nar	me: WOOD FLO	OORS ENTERPRISE, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
18245 NW 106	68 AV						
HIALEAH,	FL 33015 US	3					
Current Mailing Address:			New Mailing Address:				
18245 NW 106 HIALEAH,		3					
FEI Number:	20-5342597	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
247 WALP DAVENPC The above	RICARDO POLE LOOP PRT, FL 33897 named entity sue of Florida.	US bmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or b	ooth,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	ent		Date	_	
Election Car	npaign Financing T	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D ECHEVARRIA, LA 18245 NW 68 AV HIALEAH, FL 330	URA H #106	Title: Name: Address: City-St-Zip:	P (RAMIREZ, MA 18245 NW 68 HIALEAH, FL	AV #106		
Title: Name: Address: City-St-Zip:	VP () D RAMIREZ, MANUI 18245 NW 68 AV HIALEAH, FL 330	EL A #106	Title: Name: Address: City-St-Zip:	VP (RODRIGUEZ, 18245 NW 68 HIALEAH, FL	AV #106		

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MENUEL RAMIREZ DR 04/27/2009

() Change (X) Addition

ECHEVARRIA, LAURA H

18245 NW 68 AV #106

HIALEAH, FL 33015 US