

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000155741

FILED
Sep 25, 2008
Secretary of State**Entity Name:** CALICHE LAMINATE WOOD FLOOR, INC.**Current Principal Place of Business:**928 NW 2ND STREET, APTO 2
MIAMI, FL 33128**New Principal Place of Business:****Current Mailing Address:**928 NW 2ND STREET, APTO 2
MIAMI, FL 33128**New Mailing Address:****FEI Number:** 20-8090177**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOTO, SARA T
928 NW 2ND STREET
MIAMI, FL 33128 US**Name and Address of New Registered Agent:**GLORIA, DUQUE I
242 RIVERWALK CIRCLE
SUNRISE, FL 33326 US

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.

SIGNATURE: GLORIA I DUQUE

09/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUQUE, CARLOS A
Address: 767 NW 102 ST
City-St-Zip: MIAMI, FL 33150

Title: DV (X) Delete
Name: SOTO, SARA T
Address: 767 NW 102 ST
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUQUE, CARLOS A
Address: 928 NW 2ND STREET, APTO 2
City-St-Zip: MIAMI, FL 33128

Title: () Change () Addition
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: CARLOS A. DUQUE

DP

09/25/2008

Electronic Signature of Signing Officer or Director

Date