## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

ANNOAL REPORT				Secretary of State			
DOCUMENT # P0700004051  1. Entity Name BOURZAC WOOD FLOORING, CORP.						018 018 ***150.0	
Principal Place of Business Mailing Address			300.	-			
6180 SW 20 STREET MIAMI, FL 33155		6180 SW 20 STREET Miami, FL 33155					
Principal Place of Business - No P.O. Box # 3. Mailing Address							
		Suite, Apt, #, etc.		1   1   1   1   1   1   1   1   1   1	EIII IEBN DOM WENN BEIN		
Suite, Apt. #, etc.				04182008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number	823521	69 NO	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Add	
	- 6Name and Address of Current	Registered Agent		7Name and A	ddress of New Re	egistered Agent -	
BOURŽAC	, OSCAR E	Name	Name				
	20 STREET		Street Address	reet Address (P.O. Box Number is Not Acceptable)			
and the second s			City			FL Zip Code	e
	named entity submits this statement for	or the purpose of changing its re	gistered office or registe	ered agent, or both	, in the State of Flo	rida. I am lamiliar with,	and accept
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable, (NOTE: R	egistored Agent signature require	ed when reinstating)		DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaigr On Trust Fund Contrib		5.00 May Be Ided to Fees			· <del>-</del>
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	BOURZAC, OSCAR E 6180 SW 20 STREET		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL'-33155		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME			-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	THILE		<del> </del>	☐ Change	Addition
- NAME -		<u> </u>	NAME	<del></del>			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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NAME STREET ADDRESS			NAME STREET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP	!		STREET ADDRESS CITY-ST-ZIP				
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NAME		LI Descie	NAME			Charlys	
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
			and the second second		E	4 4 4 4 4 4 4 4 4 4	(

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 employered 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:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 (786) 229-4541