

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000036329

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FORTUNE & TREASURE WOOD FLOORS, CORP.

## Current Principal Place of Business:

10350 MAC NAB ROAD, BAY C-1  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

17363 SW 47 COURT  
MIRAMAR, FL 33029

## New Mailing Address:

FEI Number: 20-8693374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILIP A. TORRE  
10350 MAC NAB ROAD BAY C-1  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: TORRE, PHILIP A  
Address: 10350 MAC NAB ROAD, BAY C-1  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: TORRE, PHILIP A  
Address: 10350 MAC NAB ROAD, BAY C-1  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHILIP A. TORRE

PVST

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date