


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 017 ***150.00

DOCUMENT # P07000074870 1. Entity Name WEST FLOORS WHOLESALERS, INC.			
Principal Place of Business 1826 TRADE CENTER WAY UNIT D & E NAPLES, FL 34109		Mailing Address 1826 TRADE CENTER WAY UNIT D & E NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 5520 Islandwalk Circle		3. Mailing Address 5520 Islandwalk Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34119		Zip 34119	
Country USA		Country USA	
4. FEI Number 26-0600412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITO, LUDENOR L 1826 TRADE CENTER WAY UNIT D & E NAPLES, FL 34109		7. Name and Address of New Registered Agent Name CARLOS PARRA Street Address (P.O. Box Number is Not Acceptable) 5520 ISLANDWALK Circle City NAPLES FL 34119	
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: <u>Carlos Parra</u> <u>Carlos Parra</u> <u>06/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARRA CARROZ, MIGUEL A 1451 SOUTH MIAMI AVE. APT#1302 MIAMI, FL 33130	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Carlos Miguel Parra</u> <u>PRESIDENT.</u> <u>07/01/08</u> <u>786 623 7776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

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