

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000044221

1. Entity Name
ORLANDO'S CUSTOM WOOD FLOORS, INC.



Principal Place of Business

7167 NW 52 ST
MIAMI, FL 33166

Mailing Address

7167 NW 52 ST
MIAMI, FL 33166



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0839275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAZARO, MIRTHA
7167 NW 52 ST
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UNFILED 0462076
03/21/06-80021-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-------------------------|
| TITLE | P |
| NAME | LAZARO, ORLANDO |
| STREET ADDRESS | 7167 NW 52 ST |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | S |
| NAME | LAZARO, MIRTHA M |
| STREET ADDRESS | 7167 NW 52 ST |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-594-1969