2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000097451

1. Entity Name
ALPINE WOOD FLOORS, INC.

Principal Place of Business	Mailing Address
1395 EAST OAKLAND PARK BLVD	42 S.W. 34TH AVENUE
OAKLAND PARK, FL 33308	MIAMI, FL 33315

03212008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0881482	Not Applicable

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

6. Name and Address of Current Registered Agent

HUSSMAN GUNTHER, HAROLD
1395 EAST OAKLAND PARK BLVD
OAKLAND PARK, FL 33308

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000871318
04/09/08-80127-001 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	HUSSMAN GUNTHER, HAROLD	
STREET ADDRESS	1395 EAST OAKLAND PARK BLVD	
CITY-ST-ZIP	OAKLAND PARK, FL 33308	
TITLE		
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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. HAROLD HUSSMAN

SIGNATURE: _Harold Hussman_ PRESIDENT 03/21/08 (954) 565-5907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #