

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031039

FILED
Jan 20, 2009
Secretary of State

Entity Name: DURABLE WOOD PRODUCTS USA, INC.

Current Principal Place of Business:

8004 N.W. 154TH STREET
PMB #198
MIAMI LAKES, FL 33016

New Principal Place of Business:

14335 COMMERCE WAY
MIAMI LAKES, FL 33016

Current Mailing Address:

8004 N.W. 154TH STREET
PMB #198
MIAMI LAKES, FL 33016

New Mailing Address:

8004 N.W. 154TH STREET
#198
MIAMI LAKES, FL 33016

FEI Number: 65-0909163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHAN, RAFAEEK MR.
8004 NW 154 STREET
PMB #198
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

KHAN, RAFAEEK MR.
8004 NW 154 STREET
#198
MIAMI LAKES, FL 33016 US

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: RAFAEEK KHAN

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHAN, RAFAEEK
Address: 8004 NW 154 ST PMB #198
City-St-Zip: MIAMI LAKES, FL 33016

Title: ST () Delete
Name: CALIXTO, ORTA
Address: 8004 NW 154 ST PMB #198
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHAN, RAFAEEK
Address: 8004 NW 154 STREET #198
City-St-Zip: MIAMI LAKES, FL 33016

Title: ST (X) Change () Addition
Name: CALIXTO, ORTA
Address: 8004 NW 154 STREET #198
City-St-Zip: MIAMI LAKES, FL 33016

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: CALIXTO ORTA

ST

01/20/2009

Electronic Signature of Signing Officer or Director

Date