


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 049 ****50.00

DOCUMENT # L04000056910

1. Entity Name
 KINGDOM'S WOOD FLOOR, LLC



Principal Place of Business Mailing Address

14195 SW 87 ST 14195 SW 87 ST
 B-101 B-101
 MIAMI, FL 33183 US MIAMI, FL 33183 US

40112000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7425 SW 152 Ave 7425 SW 152 Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

105 # 105

04302007 Chg-LLC CR2E083 (12/06)

City & State City & State

Miami, FL Miami, FL

Zip Zip Country Country

33193 33193

4. FEI Number Applied For

20-1446303 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, HERNAN
 14195 SW 87 ST
 MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name: Ramirez, Hernan
 Street Address (P.O. Box Number is Not Acceptable):
 7425 SW 152 Ave #105
 City: Miami FL Zip Code: 33193

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: Hernan Ramirez DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, HERNAN 14195 SW 87 ST B-101 MIAMI, FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVARADO, EDDIE 14195 SW 87 ST B-101 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ramirez, Hernan 7425 SW 152 Ave #105 Miami FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Hernan Ramirez Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE