


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90027 049 \*\*\*150.00

**DOCUMENT # P02000033732**

1. Entity Name  
**LIGON WOODWORKS INC.**




Principal Place of Business      Mailing Address

3495 NW 53 STREET      3495 NW 53 STREET  
 MIAMI, FL 33142      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

02162005    No Chg-P    CR2E034 (10/03)



4. FEI Number      Applied For  
**46-0474721**      Not Applicable

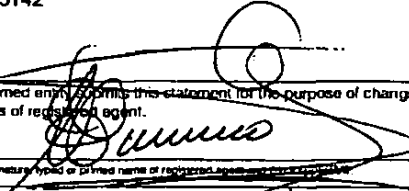
5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINERO, ALBERTO**  
 3495 NW 53 STREET  
 MIAMI, FL 33142

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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:       DATE: 4-1-05

Signature typed or printed name of registered agent (not required)      (NOTE: Registered Agent signature required when re-elected)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

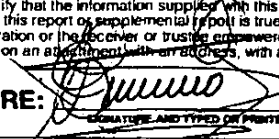
9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	LINERO, ALBERTO
STREET ADDRESS	3495 NW 53 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	LINERO, ALBERTO
STREET ADDRESS	3495 NW 53 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       **ALBERTO LINERO**      DATE: 4-15-05 (786) 286 7355

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