

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90038 040 ***150.00



DOCUMENT # P03000127546
 1. Entity Name
EDDY MILLWORK CORP.

Principal Place of Business Mailing Address
3818 NW 32 AVE 3818 NW 32 AVE
MIAMI FL 33142 MIAMI FL 33142



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
ARCIA, EDUARDO
5900 NW 99 AVE, UNIT C-6
MIAMI FL 33178

4. FEI Number **52-2414219** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code

Please Change address Reg. Agent Eduardo Arcia 3818 NW 32 Ave Miami Fl. 33142

8. The above named entity submits this statement of the obligations of registered agent.
 SIGNATURE _____
 Signature, typed or printed name of registered agent

Signature of officer or registered agent, or both, in the State of Florida. I am familiar with, and accept _____
 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	ARCIA, EDUARDO	
STREET ADDRESS	3818 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARCIA, MYRIAM	
STREET ADDRESS	3818 NW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.

SIGNATURE: