

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084355

FILED
Feb 16, 2005
Secretary of State

Entity Name: NEO CLASSIC WOOD WORK, INC.

Current Principal Place of Business:

6820 CODY STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

3190 STATE ROAD 7
SUITE #6
MIRAMAR, FL 33023 US

Current Mailing Address:

6820 CODY STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-1179350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEPULVEDA, RAYMOND
6820 CODY STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEPULVEDA, RAYMOND
Address: 6820 CODY STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VP () Delete
Name: DIAZ DE SEPULVEDA, MIGDALIA
Address: 6820 CODY STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND SEPULVEDA

P

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date