2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90073 004 ***150.00

DOCUMENT # P05000082685

1. Entity Name
E.F. CARPENTRY, INC.

Principal Place of Business	Mailing Address
3216 SE 8TH ST., SUITE 204 POMPANO BCH, FL 33062	3216 SE 8TH ST., SUITE 204 POMPANO BCH, FL 33062

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
545 OAKS LN		545 OAKS LN	
Suite, Apt. #, etc. #305		Suite, Apt. #, etc. #305	
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL	
Zip 33069	Country USA	Zip 33069	Country USA

01062008 Chg-P CR2E034 (12/06)

4. FEI Number 34-2049171 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEHER, EMIL
3216 SE 8TH ST., SUITE 204
POMPANO BCH, FL 33062

7. Name and Address of New Registered Agent

Name FEHER EMIL

Street Address (P.O. Box Number is Not Acceptable)
545 OAKS LN #305

City POMPANO BEACH FL Zip Code 33069

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 _____ FEB 18. 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEHER, EMIL 3216 SE 8TH ST., SUITE 204 POMPANO BCH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEHER EMIL 545 OAKS LN #305 POMPANO BEACH, FL 33069 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____ FEB 18. 2008 954 643 3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #