## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P06000079498 02-12-2007 90065 046 \*\*\*150.00 1. Entity Name EASTWOOD HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 40013155 7484 NW 48TH STREET 7484 NW 48TH STREET LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOVAR, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 7484 NW 48TH STREET LAUDERHILL, FL 33319 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ HILE ☐ Delete TITLE ■ Addition Change TOVÁR, CARLOS J NAME NAME STREET ADDRESS 7484 NW 48TH STREET STREET ADDRESS CITY ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 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 trife 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 firustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information sy changed, or on an attachment will ke empowered. **SIGNATURE**

SIGNING OFFICER OR DIRECTOR

FILED Feb 12, 2007 8:00 am