


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-27-2008 90019 031 ***150.00

DOCUMENT # P07000051241			
1. Entity Name O&S ARTISTIC WOOD DESIGN, INC.			
Principal Place of Business 19435 NW 62 CT MIAMI FL 33015		Mailing Address 19435 NW 62 CT MIAMI FL 33015 (786) 344-05-21	
2. Principal Place of Business - No P.O. Box # 7380 W 20 AVE		3. Mailing Address 19435 NW 62 CT	
Suite, Apt. #, etc. 115		Suite, Apt. #, etc. Miami	
City & State Hialeah		City & State	
Zip 33016	Country Florida	Zip 33016	Country Florida
4. FEI Number 20-8954326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, SANDRA E 19435 NW 62 CT MIAMI FL 33015		7. Name and Address of New Registered Agent Name: Sandra E Bohorquez Street Address (P.O. Box Number is Not Acceptable): 7380 W 20 Ave # 115 City: Hialeah FL Zip Code: 33016	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Sandra E Bohorquez</u> DATE: <u>2/20/08</u> <small>Signature, typed or printed name of new/registered agent is applicable. (NOTE: Registered Agent Signature required when registrant is)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RESTREPO, SANDRA E 19435 NW 62 CT MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOHORQUEZ, OSCAR E 19435 NW 62 CT MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.			
SIGNATURE: <u>Sandra E Bohorquez</u>		DATE: <u>2/20/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	