


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000029475**  
 1. Entity Name  
**ARCIA FINISH CARPENTRY CORPORATION**



Principal Place of Business      Mailing Address  
 6388 S.W. 22ND STREET      6388 S.W. 22ND STREET  
 MIAMI, FL 33155              MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01122005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0577048      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ARCIA, EDUARDO  
 6388 S.W. 22ND STREET  
 MIAMI, FL 33155

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCIA, EDUARDO 6388 S.W. 22ND STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCIA, MYRIAM 6388 S.W. 22ND STREET MIAMI, FL 33155
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100000265377  
 03/16/05-80055-006 155.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.

SIGNATURE:       Date: March 14/05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR