2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State
06-22-2007 90001 028 ***150.00

DOCUMENT # P97000094895

1. Entity Name
TIMBER FRAMES, INC.

Principal Place of Business	Mailing Address
~~331 HALLANDALE BOULEVARD HALLANDALE FL 33009~~ MOVE	~~331 HALLANDALE BOULEVARD HALLANDALE FL 33009~~ MOVE
2. Principal Place of Business - No P.O. Box # 1579 DELMAR AV	3. Mailing Address SAME
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State KISSIMMEE Florida	City & State
Zip 347-44 Country OCEOLA	Zip Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 65-0800791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ORTEGA, AMADO A~~
~~[illegible]~~
~~APT 1~~
~~[illegible] 33009~~

7. Name and Address of New Registered Agent

Name TIMBER FRAME INC
Street Address (P.O. Box Number is Not Acceptable) 1579 DELMAR AV.
City KISSIMMEE FL Zip Code 347-44

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 AMADO A ORTEGA [signature] 6/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00 ☒

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	P ~~ORTEGA, AMADO A~~ ~~204 NE 10TH AVE #1~~ ~~HALLANDALE FL 33009~~ AMADO A ORTEGA 1579 DELMAR KISSIMMEE FLorida 347-44 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: AMADO A ORTEGA [signature] 6/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40121423
P97000094895

I did not receive the 2006 annual report. I moved to a different address.

Thank you.

x

Amado Ortega

NOTARY PUBLIC-STATE OF FLORIDA
Arlene Otero
Commission # DD541292
Expires: DEC. 15, 2008
Bonded Thru Atlantic Bonding Co., Inc.

6/15/07