2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM DOCUMENT # P03000130196 **Secretary of State** 1. Enisty Name LOUIE'S CARPENTRY, INC. Principal Place of Business Mailing Address 5300 REDWOOD RD PLANTATION FL 33317 5300 REDWOOD RD PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 71-0957373 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORDERO, LUIS Street Address (P.O. Box Number is Not Acceptable) 5300 REDWOOD RD PLANTATION FL 33317 Zip Code Cny 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 Signature, typed or ported name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. MILE ☐ Delete HILE ☐ Change ☐ Addition NAME CORDERO, LUIS MARKE H08080453390 5300 REDWOOD RO STREET ADDRESS STREET ADDRESS 03/17/06 80043-009 150.00 CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Defete ITTLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detote TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE THEE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certily 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 analysis with all other like empowered.

SIGNATURE:

Luis Corchero

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954.812-2205

FILED