


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90080 025 ***150.00

DOCUMENT # P06000081355	
1. Entity Name ALFONSO'S CARPENTRY INC	

Principal Place of Business 365 WEST 10 STREET #4 HIALEAH, FL 33010	Mailing Address 365 WEST 10 STREET #4 HIALEAH, FL 33010
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40054352



2. Principal Place of Business - No P.O. Box # 1250 W S3 ST Suite, Apt. #, etc. Apto 16	3. Mailing Address 1250 W 53 ST Suite, Apt. #, etc. Apto 16
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04062007 Chg-P CR2E034 (12/06)

City & State Hialeah FL	City & State Hialeah FL
Zip 33012	Zip 33012
Country USA	Country USA

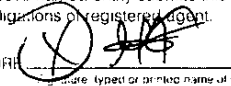
4. FEI Number 205074360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALFONSO, MICHEL E 365 WEST 10 STREET #4 HIALEAH, FL 33010	
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7. Name and Address of New Registered Agent Name: Michel E Alfonso Street Address (P.O. Box Number is Not Acceptable): 1250 W 53 ST Apto 16 City: Hialeah FL Zip Code: 33012	
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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: K-5-07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME ALFONSO, MICHEL E	DELETE <input type="checkbox"/>	TITLE PD	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS 365 WEST 10 STREET, #4		NAME ALFONSO MICHEL E	
CITY-STATE-ZIP HIALEAH, FL 33010		STREET ADDRESS 1250 W S3 ST APT 16	
		CITY-STATE-ZIP Hialeah FL 33012	
NAME	DELETE <input type="checkbox"/>	TITLE	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	DELETE <input type="checkbox"/>	TITLE	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	DELETE <input type="checkbox"/>	TITLE	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
NAME	DELETE <input type="checkbox"/>	TITLE	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	

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: 	DATE: 4/8/07 (786)-298-9819
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