

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000032263

**Entity Name:** CUSTOM-WOODS, INC.

**Current Principal Place of Business:**

2290 NW 129TH TERRACE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

2290 NW 129TH TERRACE  
PEMBROKE PINES, FL 33028

**FEI Number: 65-1094991**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOPEZ, RAPHAEL G  
2290 NW 129 TERRACE  
PEMBROKE PINES, FL 33028 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name LOPEZ, RAPHAEL G  
Address 2290 NW 129TH TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name LOPEZ, MARY J  
Address 2290 NW 129 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name LOPEZ, KATHLEEN  
Address 3352 E. ROLAND STREET  
City-State-Zip: MESA AZ 85213

Title DIRECTOR  
Name GARDNER, TIFFANEY  
Address 3352 E. ROLAND STREET  
City-State-Zip: MESA AZ 85213

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAPHAEL G. LOPEZ**

**DIRECTOR**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date