


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 174137 1. Entity Name FENCE MASTERS, INC.	
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Principal Place of Business
3550 NW 54TH ST
MIAMI, FL 33142

Mailing Address
3550 NW 54TH ST
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0696837	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

ERNST, STEPHEN W
3550 NW 54 ST
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000118553
04/19/04-80064-008 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, DONALD O 5170 S W 60 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERNST, STEPHEN W 8020 S W 142ND TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERNST, DONNA 8020 S W 142ND TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIHA, LOUISA 13120 SW 18 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 (305) 635-7777

Date

Daytime Phone #