


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 174137</b> 1. Entity Name <b>FENCE MASTERS, INC.</b>	
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Principal Place of Business <b>3550 NW 54TH ST MIAMI, FL 33142</b>	Mailing Address <b>3550 NW 54TH ST MIAMI, FL 33142</b>
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0696837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ERNST, STEPHEN W 3550 NW 54 ST MIAMI, FL 33142</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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05/02/06-80095-018 158.75

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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: 	Date: <b>4-17-06</b>	Daytime Phone #: <b>(305) 635-7777</b>
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**ASSISTANT SECRETARY**