2006 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

## FILED Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # 504213** 1. Entity Name CUSTOM WOODCRAFT, INC. Mailing Address Principal Place of Business 18972 NORTHEAST 4TH COURT 18972 NORTHEAST 4TH COURT MIAMI FL 33179 MIAMI FL 33179 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-1652215 Not Applicat Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREITFELLER, EMIL Street Address (P.O. Box Number is Not Acceptable) 3113 PEACHTREE CIRCLE DAVIE FL 33328 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addin ☐ Delete MLE TITLE NAME NAME BREITFELLER, EMIL U00000521008 05/02/06-80114-016 150.00 STREET ADDRESS STREET ADDRESS 3113 PEACHTREE CIRCLE CITY-ST-ZIP CITY-ST-ZIF DAVIE, FL 33328 A.I.\*\*\* ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY - ST - 78 Chance Chance ☐ Add™ ☐ Delete THILE MANA NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addin TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change □ ACC ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CUTY - ST - ZIP CITY- ST- ZIP T ALC: Delete TITLE ☐ Change HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P COY-ST-ZIP

SIGNATURE: Lind Brutheller Enic BREITFERER 4-17-06 305-652 1567

if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1