

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 637073

1. Entity Name
WOODWORKING UNLIMITED, INC.



Principal Place of Business
**1050 NORTHWEST 54TH STREET
FORT LAUDERDALE, FL 33309**

Mailing Address
**1050 NORTHWEST 54TH STREET
FORT LAUDERDALE, FL 33309**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1936976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VITALE, BEVERLY A.
1050 NORTHWEST 54TH STREET
FORT LAUDERDALE, FL**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	VITALE, BEVERLY A.
STREET ADDRESS	530 N.E. 46TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VT
NAME	BELLOTTI, KERRIE
STREET ADDRESS	4630 N.E. 1ST TERR.
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(l), 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: *Beverly Vitale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04
Date

954-776-4961
Daytime Phone #