


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 001 ***150.00

DOCUMENT # 693331 1. Entity Name THE WOODSMITHS COMPANY	
---	---

Principal Place of Business C/O TRIVEST PARTNERS, L.P. 2665 S. BAYSHORE DR., STE. 800 MIAMI, FL 33133 US	Mailing Address C/O TRIVEST PARTNERS, L.P. 2665 S. BAYSHORE DR., STE. 800 MIAMI, FL 33133 US
--	--



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2111678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERSHMAN, DAVID
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI, FL 33133**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ALBERTSON, BRUCE 1801 N ANDREWS AVENUE POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T TORTORICI, VINCENT A 1801 N ANDREWS AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, EARL W 2665 SO BAYSHORE DR STE 800 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHN, ROBERT 2665 SOUTH BAYSHORE DR STE 800 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUFFNER, MARILYN D 2665 SOUTH BAYSHORE DRIVE STE 800 MIAMI, FL 33133
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 another like empowered.

SIGNATURE: Vincent A. Tortorici 2/6/04 954-960-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #