2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2004 08:00 AM DOCUMENT # F02000003895 **Secretary of State** 1. Entity Name SANCHEZ INTERIOR CARPENTRY, INCORPORATED Principal Place of Business Mailing Address 30 HACKENSACK AVENUE WEEHAWKEN NJ 07087 9017 HARDING AVENUE SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 22-2051820 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, JUSTO Street Address (P.O. Box Number is Not Acceptable) 9017 HARDING AVENUE SURFSIDE FL 33154 City Zio 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 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) STAG FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Defete 1333 F TITLE Change Addition SANCHEZ, JUSTO NAME NAME U00000050020 02/13/04-80047-008 158.75 STREET ADDRESS 30 HACKENSACK AVENUE STREET ADDRESS CATY-ST-ZIP WEEHAWKEN NJ 07087 CITY-SI-ZIP Delete SITE TITLE Change Addition SANCHEZ, DORIS NAME MAME 30 HACKENSACK AVENUE STREET ADDRESS STREET ADDRESS WEEHAWKEN NJ 07087 CRTY-ST-ZIP CITY-S1-71P me Detete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP nn e Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-78P CITY-ST-ZIP

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201) 867,8875

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, if 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.

JUSTO SANCHEZ Feb 9-04
ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE