


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # H25083			
1. Entity Name WOODS MANAGEMENT CORP. OF FLORIDA			
Principal Place of Business 2740 WEST 5TH AVENUE HIALEAH, FL 33010	Mailing Address 2740 WEST 5TH AVENUE HIALEAH, FL 33010		
DO NOT WRITE IN THIS SPACE		01272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2450581	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JOAQUIN R 2740 W. 5TH AVENUE HIALEAH, FL 33010		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 reinstating) 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDBERG, RICHARD 109 WOOD LANE WOODMERE, NY		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERNSTEIN, STUART 123 BARRETT ROAD LAWRENCE, NY		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CERTILMAN, MORTON 265 DOLPHIN DRIVE WOODMERE, NY		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DELGADO, JOAQUIN R 2740 W 5 AVE HIALEAH, FL 33010		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joaquin Delgado		305-887-9801	