


\$150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # H25083</b> 1. Entity Name <b>WOODS MANAGEMENT CORP. OF FLORIDA</b>		
Principal Place of Business <b>2740 WEST 5TH AVENUE HIALEAH, FL 33010</b>	Mailing Address <b>2740 WEST 5TH AVENUE HIALEAH, FL 33010</b>	

FILED

05 FEB -1 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2450581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>DELGADO, JOAQUIN R 2740 W. 5TH AVENUE HIALEAH, FL 33010</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
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	

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02/07/05--01034--004 \*\*350.00

**DO NOT WRITE  
IN THIS SPACE**

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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 all other like empowered.

SIGNATURE: *Joaquin R Delgado* *2/1/05* *3058879801*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #