

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 043 ***158.75

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**

60008482



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2450581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDBERG, RICHARD
STREET ADDRESS 109 WOOD LANE
CITY-ST-ZIP WOODMERE, NY

TITLE VD
NAME BERNSTEIN, STUART
STREET ADDRESS 123 BARRETT ROAD
CITY-ST-ZIP LAWRENCE, NY

TITLE STD
NAME CERTILMAN, MORTON
STREET ADDRESS 265 DOLPHIN DRIVE
CITY-ST-ZIP WOODMERE, NY

TITLE V
NAME DELGADO, JOAQUIN R
STREET ADDRESS 2740 W 5 AVE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Jan '06