

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 28, 2006 8:00 am  
Secretary of State**

03-28-2006 90131 041 \*\*\*158.75

DOCUMENT # J42251			
1. Entity Name <b>LEWIS MILLWORK CORPORATION</b>			
Principal Place of Business <b>13071 SW 122ND AVENUE MIAMI, FL 33186 US</b>		Mailing Address <b>13071 SW 122ND AVENUE MIAMI, FL 33186 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEWIS, ROBERT E 14940 SW 129 PLACE RD MIAMI, FL 33186</b>		Name <b>CESAR A. AMADOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>12911 SW 148 TERRACE ROAD</b>  City <b>Miami</b> FL <b>33186</b>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>CESAR A. AMADOR</b> <b>March 20, 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE <b>P</b> NAME <b>LEWIS, ROBERT E</b> STREET ADDRESS <b>14940 SW 129 PLACE RD</b> CITY-ST-ZIP <b>MIAMI, FL</b>		<input type="checkbox"/> Delete TITLE <b>C. E. O</b> NAME <b>LEWIS, ROBERT E.</b> STREET ADDRESS <b>11375 S.W. 75 TERRACE ROAD</b> CITY-ST-ZIP <b>OCALA, FL 34476</b>	
TITLE <b>VP</b> NAME <b>AMADOR, BRENDA A</b> STREET ADDRESS <b>9760 MEMORIAL RD</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>		<input type="checkbox"/> Delete TITLE <b>VP ST</b> NAME <b>AMADOR, BRENDA A..</b> STREET ADDRESS <b>12911 SW 148 TERRACE ROAD</b> CITY-ST-ZIP <b>MIAMI, FL 33186</b>	
TITLE <b>ST</b> NAME <b>AMADOR, CESAR A</b> STREET ADDRESS <b>9760 MEMORIAL RD</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>		<input type="checkbox"/> Delete TITLE <b>PRESIDENT</b> NAME <b>AMADOR, CESAR A.</b> STREET ADDRESS <b>12911 SW 148 TERRACE ROAD</b> CITY-ST-ZIP <b>MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>CESAR A. AMADOR</b> <b>March 20, 2006</b> <small>Date</small> <b>305 2540014</b> <small>Daytime Phone #</small>	

**50006334**



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