

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
LEWIS MILLWORK CORPORATION



Principal Place of Business
**13071 SW 122ND AVENUE
MIAMI, FL 33186 US**

Mailing Address
**13071 SW 122ND AVENUE
MIAMI, FL 33186 US**

50006334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2758832

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, ROBERT E
14940 SW 129 PLACE RD
MIAMI, FL 33186**

Name **CESAR A. AMADOR**
Street Address (P.O. Box Number is Not Acceptable)
12911 SW 148 TERRACE ROAD
City **Miami** FL Zip Code **33186**

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]

CESAR A. AMADOR

March 20, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEWIS, ROBERT E**
STREET ADDRESS **14940 SW 129 PLACE RD**
CITY-ST-ZIP **MIAMI, FL**

TITLE **C.E.O** ☒ Change ☐ Addition
NAME **LEWIS, ROBERT E.**
STREET ADDRESS **11375 S.W 75 TERRACE ROAD**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **VP** ☐ Delete
NAME **AMADOR, BRENDA A**
STREET ADDRESS **9760 MEMORIAL RD**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VP ST** ☒ Change ☐ Addition
NAME **AMADOR, BRENDA A.**
STREET ADDRESS **12911 SW 148 TERRACE ROAD**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **ST** ☐ Delete
NAME **AMADOR, CESAR A**
STREET ADDRESS **9760 MEMORIAL RD**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **AMADOR, CESAR A.**
STREET ADDRESS **12911 SW 148 TERRACE ROAD**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]

CESAR A. AMADOR

March 20, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #