2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J86609

1. Entity Name

SAM WEISS WOODWORKING, INC.



FILED Jan 10, 2008 08:00 AN Secretary of State

Principal Place of Business

% SAM WEISS 5195 NW 15TH ST MARGATE, FL 33063 US Mailing Address

% SAM WEISS 5195 NW 15TH ST MARGATE, FL 33063

01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2837944

Applied For Not Applicable

				59-283	3/944	Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
WEISS, KEVIN 5195 NW 15TH STREET MARGATE, FL 33063			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						
				required when reinstalling)	DATE	.
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May 8e Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WEISS, KEVIN 5195 NW 15TH STREET MARGATE, FL 33063				U0000077853 01/11/08-80001	5 -012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, KEVIN 5195 N.W. 15TH STREET MARGATE, FL 33063					
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STREET ADDRESS CITY+ST-ZIP						
12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director						

12. Thereby certify that the information supplied with this filling 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 RIGHING OFFICER OR DIRECTO

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954.975.8158

Daytime Phone ≢