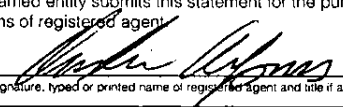


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90089 030 ***150.00

DOCUMENT # K08973 1. Entity Name ANDREW ALFONSO TRIM CARPENTER, INC.					
Principal Place of Business C/O ANDREW ALFONSO 3914 APPLGATE CIRCLE BRANDON, FL 33511			Mailing Address C/O ANDREW ALFONSO 3914 APPLGATE CIRCLE BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03282007 Chg-P CR2E034 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2859856	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALFONSO, ANDREW 3914 APPLGATE CIRCLE BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, ANDREW 3914 APPLGATE CIRCLE BRANDON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFONSO, BRENDA 3914 APPLGATE CIRCLE BRANDON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONGORIA, BEN 1603 W CHARLES AVE PLANT CITY, FL 33567	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DUSTIN 3402 COAN WALL SQUARE DR RIVERVIEW, FL 33569	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richara Arroyo 604 Donna RD BRANDON 33510	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  Date: 3-28-07 Daytime Phone #: 813 546-5167					