



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 050 ***150.00

DOCUMENT # L39389 1. Entity Name WOODCRAFT FIXTURES, INC.					
Principal Place of Business % GEORGE MORAITIS 1029 E 28 ST HIALEAH, FL 33013 US			Mailing Address 16919 16917 NW 57TH AVE MIAMI, FL 33055 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16917 NW 57 AVE Suite, Apt. #, etc.		44048551 	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0161384	
Zip 33055		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAITIS, GEORGE 16919 NW 57TH AVE MIAMI, FL 33055				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLMES, LORAN 5300 W. 14TH LANE HIALEAH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLMES, GRACE 5300 W. 14TH LANE HIALEAH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLMES, RANDY 17701 S.W. 68TH AVE. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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:  RANDY HOLMES 7-9-04 3056960991 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					