

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-27-2005 90319 022 ***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 16917 NW 57TH AVE MIAMI, FL 33055 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>16919 NW 57th Ave.</i> Suite, Apt. #, etc.	
City & State Zip Country		City & State <i>Miami Florida</i> Zip Country <i>33055 Miami Dade</i>	
4. FEI Number 65-0161384		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 HOLMES, LORAN 5300 W. 14TH LANE HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, GRACE 5300 W. 14TH LANE HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLMES, RANDY 17701 S.W. 68TH AVE. FT. LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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 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>Randy Holmes VP</i>		Date: <i>5/21/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>305 496 0991</i>	

66021463



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