


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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 NW 57TH AVE MIAMI, FL 33055 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MORAITIS, GEORGE 16919 NW 57TH AVE MIAMI, FL 33055		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000617466 02/07/07-80076-008 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	P	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.	
NAME	HOLMES, LORAN		
STREET ADDRESS	5300 W. 14TH LANE		
CITY - ST - ZIP	HIALEAH, FL		
TITLE	S		
NAME	HOLMES, GRACE		
STREET ADDRESS	5300 W. 14TH LANE	1-30-07 305-696-0891	
CITY - ST - ZIP	HIALEAH, FL		
TITLE	VP		
NAME	HOLMES, RANDY		
STREET ADDRESS	17701 S.W. 68TH AVE.		
CITY - ST - ZIP	FT. LAUDERDALE, FL		
TITLE		SIGNATURE: <u>Randy Holmes VP</u>	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
TITLE		Date	
NAME		Daytime Phone #	
STREET ADDRESS		Daytime Phone #	
CITY - ST - ZIP		Daytime Phone #	