

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90030 022 ***150.00

DOCUMENT # M07388

1. Entity Name
SAN JOSE CUSTOM WOODWORKING CORP.



Principal Place of Business
**7790 WEST 2 CT
HIALEAH, FL 33014**

Mailing Address
**6465 WEST 8 AVE
HIALEAH, FL 33012**

50025979



07312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2460635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRIZUELA, GABRIEL
6465 WEST 8 AVE
HIALEAH, FL 33012**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRIZUELA, GABRIEL 6465 WEST 8 AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRIZUELA, BEATRIZ 6465 WEST 8 AVE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Beatriz Brizuela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/06 305-271-7828
Date Daytime Phone #

Did not Receive this form

ATTACHMENT

50025979
#M07388

Please. I did not
received this form
and I realized
now we had to
pay it ~~by~~ by
January/06

B.B. RA-2460625