

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90081 007 \*\*\*150.00

**DOCUMENT # M29996**

1. Entity Name  
**SER WOOD PRODUCTS CORP.**



Principal Place of Business

2071 SW 70 AVENUE  
G-17  
DAVIE, FL 33317 US

Mailing Address

2071 SW 70 AVENUE  
G-17  
DAVIE, FL 33317 US

2. Principal Place of Business

**8810 SW 8 ST**

3. Mailing Address

**8810 SW 8 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006

Chg-P

CR2E034 (11/05)

City & State

**PLANTATION FL**

City & State

**PLANTATION FL**

4. FEI Number

**59-2660912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**USA**

6. Name and Address of Current Registered Agent

**SCHWARTZ, ELLIOTT**  
**2071 SW 70 AVENUE**  
**G-17**  
**DAVIE, FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**8810 SW 8 ST**

City **PLANTATION**

**FL**

Zip Code  
**33324**

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]* **ELLIOTT SCHWARTZ**

**2/1/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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  
**PTVD**  
**SCHWARTZ, ELLIOTT**  
**2071 SW 70 AVENUE STE. G-17**  
**DAVIE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**SCHWARTZ, RENEE**  
**2071 SW 70 AVENUE STE. G-17**  
**DAVIE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8810 SW 8 ST** ☒ Change ☐ Addition  
**PLANTATION FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8810 SW 8 ST** ☐ Change ☐ Addition  
**PLANTATION FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 another like empowered.

SIGNATURE:

*[Signature]* **ELLIOTT SCHWARTZ** **2/1/06 (954) 330-0099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #