


\$150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M48495</b> 1. Entity Name G.B. WOOD, INC.	
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Principal Place of Business % WOODS MANAGEMENT 2740 WEST 5TH AVENUE HIALEAH, FL 33010-1307	Mailing Address % WOODS MANAGEMENT 2740 WEST 5TH AVENUE HIALEAH, FL 33010-1307
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<b>DO NOT WRITE IN THIS SPACE</b>
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FILED  
05 FEB -1 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1738845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DELGADO, JOAQUIN R 2740 W 5TH AVENUE HIALEAH, FL 33010
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNSTEIN, STUART 19667 TURNBERRY WAY #12E N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, RICHARD 109 WOOD LANE WOODMERE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELGADO, JOAQUIN 2740 W 5TH AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600046085626 02/07/05--01034--004 **350.00
<b>DO NOT WRITE IN THIS SPACE</b>
<i>27 Jan 05 905887-9801</i>

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>Joaquin Delgado</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>27 Jan 05</i> Daytime Phone # <i>905887-9801</i>
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