FILED Feb 10, 2003 8:00 am Secretary of State

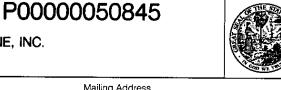
02-10-2003 90197 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POOC

1. Entity Name

QUALITY WOOD MACHINE, INC.



Principal Place of Business 8410 SW 33RD TERRACE MIAMI FL 33155			Mailing Address 8410 SW 33RD TERRAC MIAMI FL 33155				4 1 414 18 44 1844			
2. Principal I	Place of Busi	ness	3. Mailing Address		┥.					
Suite, Apt	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	4. FEI Number 65-1012648 Applied For Not Applied			
Zip Country			Zip			5.			8.75 Additional	
	6. Name	and Address of Current	Registered Agent	gistered Agent			Name and Address of New Registered	Agent	·	
		-	Name							
PEREIRA,	ROGERIO-									
	33RD TERF	PACE		Street Address			3ox Number is Not Acceptable)			
MIAMI FL		U (OL				-				
MIAMI FL	33 133									
	···				City		F	_		
the obligations	tions of regist	y submits this statement to ered agent. or printed name of registered agent	<u> </u>		ed office or regis		pent, or both, in the State of Florida. 1 am	familiar with	, and accept	
·····	· · · · · · · · · · · · · · · · · · ·	or princed name or registered agent	and the mappicable. (NO	rc: negistere	d Agent signature requ	nited when te	einstating) DATE	•		
Afte Make Checi	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution	\$ 5.0 Adde	00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS					AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREIRA, ROGERIO 8410 SW 33RD TERRACE MIAMI FL 33155		5		E E EET ADDRESS -ST-ZIP	·		☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip			☐ Delete					☐ Change	☐ Addition	
TTLE NAME STREET ADDRESS STTY-ST-ZIP		. 46-	☐ Delete					Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete .				·	☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete					☐ Change	Addition	
ITLE AME TREET ADDRESS			Delete	TITLE NAME STREE				☐ Change	Addition	

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: 📩

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Rogario Poreiro 02-05-2003 (305) 2710218

CR2E034 (10/02