


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000083839</b> 1. Entity Name PROFESSIONAL HANDIWORK, INC.	
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Principal Place of Business  
1739 NW 80TH AVE. #28-B  
MARGATE, FL 33063

Mailing Address  
1739 NW 80TH AVE. #28-B  
MARGATE, FL 33063



03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1036500	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**

CARRILLO, CESAR E.  
1629 NW 80TH AVENUE  
# H  
MARGATE, FL 33063

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SOLIS, ANNBELLA
STREET ADDRESS	4091 CYPRESS REACH CT #306
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	VTD
NAME	CARRILLO, CESAR E
STREET ADDRESS	1739 NW 80TH AVE. #28-B
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	SDD
NAME	CARRILLO, MARIA C
STREET ADDRESS	1739 NW 80TH AVE. #28-B
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000297502  
04/11/05-80030-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cesar E. Carrillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2005

Date

(994) 956-7652

Daytime Phone #