

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 033 ***150.00

DOCUMENT # P00000098874 1. Entity Name OURO CUSTOM WOODWORK, INC.	
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Principal Place of Business 12 SW 9TH STREET DEERFIELD BEACH, FL 33441	Mailing Address 12 SW 9TH STREET DEERFIELD BEACH, FL 33441
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02102007 Chg-P CR2E034 (12/06)



4. FEI Number 65-1053679	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OURO, MIKE 1947 NE 3RD AVE #113 DEERFIELD BEACH, FL 33441 <i>12 S.W. 9th St 33441</i>	7. Name and Address of New Registered Agent Name <i>MIKE OURO</i> Street Address (P.O. Box Number is Not Acceptable) <i>12 S.W. 9th STREET</i> City <i>DEERFIELD BEACH FL</i> Zip Code <i>33441</i>
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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 <i>[Signature]</i> <i>MIKE OURO, PRESIDENT</i>	DATE <i>3/9/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OURO, MIKE 1947 NE 3RD AVE #113 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT MIKE OURO 12 S.W. 9th St. DEERFIELD BEACH, FL 33441</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 all other like empowered.

SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>3/9/07</i> Date	DAYTIME PHONE # <i>(954) 428-0735</i> Daytime Phone #
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