FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90383 033 ***150.00

U	2003 FOR PROF INIFORM BUSIN	<u>ESS REPORT</u>	TION/ (UBR)	7	
DOCUMENT # P00000105390					
1. Entity Name FLORIDA WOOD DESIGN, INC.					
Principal Plac	ce of Business	Mailing Address		-	
2520 S.W. 22 ST.		2520 S.W. 225T.		10079818	
SUITE 2 #349 NIAMI, FL 33145		SUITE 2 #349 Niami, FL 33145		סוסרוטטן	
140411, 12 3	3143	14041, (2 33 143	•		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1064146 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
YASUK, JEFF 2520 S.W. 22ST. SUITE 2 #349 MIAMI, FL 33145			Name		
			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		City	FL Zip €ode	
8. The above	named entity submits this statement	t for the purpose of changing if	is registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	tions of registered agent.				
SIGNATURE					
nmanen isan - Kiros dam	Signature, typed or primed name of explanate ag	entanu jide il applicable. (NO	TE Registered Agents synalling require	eu whan reintsteing) DATE	
# Afte	FILE NOWILL FEE IS \$460.00 r May 1* 2003 Fee Will be \$550 (k Payable to Florida Décarme)	ug If of State		S. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees	
10.	,	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-2IP	P YASUK, JEFF J 2620 S.W. 22ST. #349 MIAMI, FL 33145	🗀 Delata	TIFLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition ☐ Change ☐ Cha	
TITLE	 	Delete	1file	Change Addition 9	
NAME STREET ADDRESS CITY+ST-2IP			NAME STREET ADDRESS CITY - ST - ZIP		
TITLE	 	□ Delete	1016	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-2P		_ CRE	NAME STREET ADDRESS CRY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		· -	NAME -	-	
STREET ADDRESS			STREET ADDRESS City - St - 21P		
TITLE	 	□ Delete	Tifue	☐ Change ☐ Addition	
NAME]	Li Uelete	NAME	□ orante □ vaanuri	
STREET ADDRESS			STIRRET ADDRESS;		
CITY-ST-ZIP			CITY-S1-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	l		COY-ST-ZIP		
indicated of the cor	i on this report or supplemental repor	t is true and accurate and that powered to execute this repor	my signature shall have the t as required by Chapter 60	ection 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
	0-11	7.5	C Youth	4/17/03 305-321-0970	
CIGNAT	TURE:	/	~ / 43UN		