

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000106217



1. Entity Name
DAVID CARPENTRY INC.

Principal Place of Business
**9900 N.W. 80TH AVENUE
BAY 4F
HIALEAH GARDENS, FL 33016**

Mailing Address
**9900 N.W. 80TH AVENUE
BAY 4F
HIALEAH GARDENS, FL 33016**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054792	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, DAVID
9900 N.W. 80TH AVENUE
BAY 4F
HIALEAH GARDENS, FL 33016**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, DAVID 9900 N.W. 80TH AVENUE BAY 4F HIALEAH GARDENS, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/24/07-80030-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

DAVID LOPEZ PRESIDENT 04/06/07 (305) 819 7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #