## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 24, 2005 8:00 am Secretary of State **DOCUMENT # P00000113826** 03-24-2005 90042 038 \*\*\*150.00 FANCY CARPINTER, INC. Principal Place of Business Mailing Address **102 RIVERWALK CIRCLE** 102 RIVERWALK CIRCLE FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL 33326 01142005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1061720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOADA, JUAN CARLOS** DO NOT WRITE 102 RIVERWALK CIRCLE -FORT LAUDERDALE, FL:333326 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 algnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSD** TITLE NAME BOADA, JUAN CARLOS STREET ADDRESS 102 RIVERWALK CIRCLE CITY-ST-ZIP FORT LAUDERDALE, FL 33326 TITLE BOADA, JONATHAN J NAME 5630 NW 107TH AVENUE, #1620 STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WHITE COTY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 this tee 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:

CATY-ST-ZIP TITLE NAME STREET ADDRESS

JUAN CARLOS BOADA President

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2005

(786)556-4039

Daytime Phone #

FILED