## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000008201

Entity Name

SAINT MICHAEL'S WOODWORKS, INC.



Principal Place of Business

1655 DONNA ROAD WEST PALM BEACH, FL 33409 Mailing Address

2207 PRAIRIE ROAD WEST PALM BEACH, FL 33406

## FILED Jul 23, 2007 8:00 am Secretary of State

07-23-2007 90035 005 \*\*\*150.00

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07112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1079176 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VIDAURRE, RICHARDO 2207 PRAIRIE ROAD WEST PALM BEACH, FL 33406

## DO NOT WRITE IN THIS SPACE

	•				
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	_ :.				
	Signature, typed or printed name of registered agent and title	it applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Financia     Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS		<del></del>	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIDAURRE, RICARDO 2207 PRAIRIE ROAD WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #