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Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90176 046 ***158.75

80087355

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010571

1. Entity Name
LORET DE MOLA CUSTOM CARPENTRY CORP.

Principal Place of Business	Mailing Address
4421 SW 75 AVE #14 MIAMI, FL 33155	4421 SW 75 AVE #14 MIAMI, FL 33155

2. Principal Place of Business: 4809 SW 75 Ave
Suite, Apt. #, etc.: Miami, Fl 33155
City & State: Miami Fl 33155
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1078539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MASSAGUER, ALBERTO
4421 SW 75 AVE
#14
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name: Alberto Massaguer
Street Address (P.O. Box Number is Not Acceptable): 4809 SW 75 Ave Miami
City: Miami FL Zip Code: 33155

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 (x) [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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSAGUER, ALBERTO 2350 SW 123 AVENUE MIAMI, FL 33175	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 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: (x) [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #