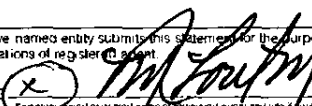
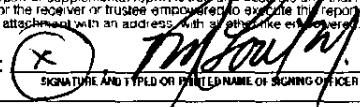


FILED
xM Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90176 046 ***158.75

80087355

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000010571			
1. Entity Name LORET DE MOLA CUSTOM CARPENTRY CORP.			
Principal Place of Business 4421 SW 75 AVE #14 MIAMI, FL 33155		Mailing Address 4421 SW 75 AVE #14 MIAMI, FL 33155	
2. Principal Place of Business 4809 SW 75 Ave Suite, Apt. #, etc. Miami, FL 33155		3. Mailing Address Suite, Apt. #, etc. Miami, FL 33155	
City & State Miami FL 33155		City & State Miami FL 33155	
Zip 33155	Country	Zip 33155	Country
4. FEI Number 65-1078539		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
☐ CHECK HERE IF MAKING CHANGES			
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 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 		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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 2360 SW 123 AVENUE MIAMI, FL 33175		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 signature and address.			
SIGNATURE: 		Date Daytime Phone #	

CR2E034 (10/02)