2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90312 002 ***150.00

FP 6092890

DOCUMENT # P01000028094

1. Entity Name
WOOD WORKERS DESIGNS, INC.

Principal Place of Business	Mailing Address
1165-102 ST BAY HARBOR APT 10 MIAMI BCH FL 33154	1165-102 ST BAY HARBOR APT 10 MIAMI BCH FL 33154

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1165 E-102 ST	1165 E-102 ST
Suite, Apt. #, etc.: APT #10	Suite, Apt. #, etc.: APT # 10
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number 65-1095573 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, JAVIER 1165-102 ST BAY HARBOR APT 10 MIAMI BCH FL 33154	Name: GOMEZ JAVIER Street Address (P.O. Box Number is Not Acceptable): 1165 E-102 ST APT # 10 City: MIAMI FL Zip Code: 33154

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 ______ 04-15-03
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOMEZ, JAVIER	NAME	
STREET ADDRESS	1165-102 ST BAY HARBOR #10	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33154	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED 04-15-03 (305) 867 9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #