

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91038 027 ***150.00

DOCUMENT # P01000055278

1. Entity Name
STUDIO WOOD WORK DESIGN CORP.



Principal Place of Business
**4858 SW 75TH AVE.
MIAMI, FL 33155**

Mailing Address
**4858 SW 75TH AVE.
MIAMI, FL 33155**

2. Principal Place of Business

4242 NW 37th Ave
Suite, Apt. #, etc.

3. Mailing Address

4242 NW 37th Ave
Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1113539

Applied For
Not Applicable

Zip
33142

Country
MIAMI-DADC

Zip
33142

Country
MIAMI-DADC

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

6. Name and Address of Current Registered Agent

**GARCIA, EDUARDO M
15446 SW 41 TERRACE
MIAMI, FL 33185**

7. Name and Address of New Registered Agent

Name
GARCIA, EDUARDO M.

Street Address (P.O. Box Number is Not Acceptable)
3627 SW 24th St

City
MIAMI

FL

Zip Code
33145

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 signature required when reinstating)

DATE

4/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GARCIA, EDUARDO M
15446 SW 41 TERRACE
MIAMI, FL 33115** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GIL, ALEJANDRO
10350 SW 110 ST
MIAMI, FL 33176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GARCIA, EDUARDO M.
3627 SW 24th St
MIAMI FL 33145** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04