


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000064336 1. Entity Name MW MASONRY, INC.	
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Principal Place of Business 430 10TH ST WEST PALM BEACH, FL 33401	Mailing Address 430 10TH ST WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1116694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORENO, JAVIER
430 10TH ST
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORENO, JAVIER 430 10TH ST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WESLEY, ROBERT 430 10TH ST WEST PALM BEACH, FL 33401
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05/13/05-80003-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Javier Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____