2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072708

1. Entity Name
ALL WOOD JOB & SERVICE, INC.

Principal Place of Business	Mailing Address
13111 SW 122 AVE	13111 SW 122 AVE
MIAMI, FL 33186	MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1125153	Not Applicable

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

6. Name and Address of Current Registered Agent

BODIN; GLORIA-ROA
2655 LEJEUNE ROAD, SUITE #1001
CORAL GABLES, FL 33134

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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 _Nestor Guevara_   _04/26/04_
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, 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	PSD
NAME	GUEVARA, NESTOR
STREET ADDRESS	13111 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VT
NAME	REYES, SERGIO
STREET ADDRESS	13111 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____   _04/26/04_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #