

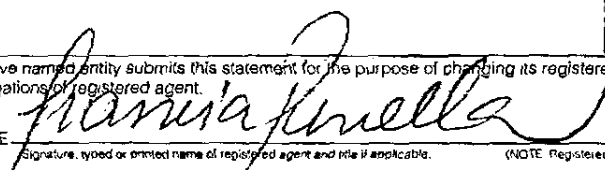
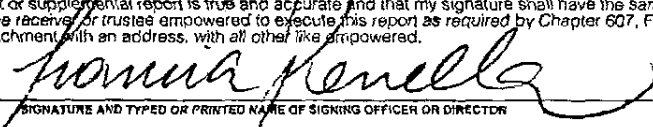


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000072708			
1. Entity Name ALL WOOD JOB & SERVICE, INC.			
Principal Place of Business 13111 SW 122 AVE MIAMI, FL 33186		Mailing Address 13111 SW 122 AVE MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE			
		 01312006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1125153	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000469955 03/25/06-80003-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUEVARA, NESTOR 13111 SW 122 AVE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GUEVARA, NESTOR 13111 SW 122 AVE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PENELLAS, FRANCIA 13111 SW 122 AVE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> _____ <small>Daytime Phone #</small> _____	