2004 FOR PROFIT CORPORATION

FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P01000104023 DESIGNER WOODWORK & FURNITURE, INC.	ANNUAL REPORT								Secre	ciai y	UIL	iaic
## 140 1950 4 ### 140 1950 6 ### 140 1950 6	1. Entity Name								05-04-2	004 9012	24 047 ***	158.75
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EASTRO ALEXANDER M SZE W. 28TH STREET HIALEAH, FL 33010 8. Name and Address of Current Registered Agent CASTRO, ALEXANDER M SZE W. 28TH STREET HIALEAH, FL 33010 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 STREET MOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE MOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE MOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 TITUE TO SET	City & State			City & State						├		
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip	try		5. Certificate of Status Desired \$8.75 Additional			itional		
CASTRO, ALEXANDER M 525 W. 28TH STREET HIALEAH, FL 33010 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Superior Part	6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	525 W. 28TH STREET					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura Signatu						Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Signature, however or purmed name of registered agent and blor it applicable. PATE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILLE TOWNER Addition NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME CANDO, RICARDO 609 PALMETTO DR CANDO, RICARDO 609 PALMETTO DR CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P Change Addition NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Change Addition NAME SIRRET ADDRESS CITY-ST-2P Change Addition Change Addition Change Ch							_		* ***** *			
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FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Centribution. 10	SIGNATURE											
### After May 1, 2004 Fee will be \$550.00	_	Signature, typed or printed name of registered as	d Agent signature requ	uired v	when rainstating)		DATE					
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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 durate 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 OF