2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P02000028743** 05-05-2005 90108 016 ***150.00 AGUSTIN ONTIVEROS TRIM-CARPENTER, INC. Principal Place of Business Mailing Address 1006 57 AVE. PL. EAST 1006 57 AVE. PL. EAST 50049335 BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address 04282005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 03-0445277 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name RAMIREZ, AGUSTIN O 1006 57 AVE. PL. EAST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34203 City Zip Code 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 il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete MILE TITLE [*]*Change resident ONTIVENOS, AQUSTIN NAME STREET ADDRESS 1006 57TH PLACE E STREET ADDRESS 2900 50th Ave west #13 CITY-ST-ZIP BRADENTON, FL CITY-ST-ZIP Bradenton FI TIME □ Delete TITLE ☐ Change ☐ Addition RAMIREZ, EDITH NAME HAME STREET ADDRESS 2900 50TH AVE., W. #13 STREET ADDRESS CITY-ST-7/P BRADENTON, FL 34207 CITY-ST-ZIP TITE F Oirector Maximo Bartolo ☐ Delete F-1 Change ☐ Addition MIE PEREZ, MAXIMO NAME 1006 57TH PLACE E 19th Avenue STREET ADDRESS STREET ADDRESS BRADENTON, FL CITY-ST-ZIP CITY-ST-ZIP 4205 MLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP mre ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITD # Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

May 05, 2005 8:00 am