


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90027 002 ***158.75

DOCUMENT # P02000034963	
1. Entity Name PROFESSIONAL CARPENTERS & REPAIR, CORP.	

Principal Place of Business 7975 WEST 25 AVENUE, BAY 3 HIALEAH, FL 33016	Mailing Address 7975 WEST 25 AVENUE, BAY 3 HIALEAH, FL 33016
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2. Principal Place of Business 7376 W 20th Ave. Suite, Apt. #, etc. Bay 142 City & State Hialeah, FL Zip 33016 Country U.S.A	3. Mailing Address 7376 W 20th Ave Suite, Apt. #, etc. Bay 142 City & State Hialeah, FL Zip 33016 Country U.S.A
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02272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent AGUDELO, LEANDRO 7240 WEST 20TH AVENUE, #135 HIALEAH GARDENS, FL 33016	
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

4. FEI Number 01-0680744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AGUDELO, LEANDRO		NAME Agudelo, Leandro	
STREET ADDRESS 7975 WEST 25 AVENUE, BAY 3		STREET ADDRESS 7376 West 20th Avenue, Bay 142	
CITY-ST-ZIP HIALEAH, FL 33016		CITY-ST-ZIP Hialeah, FL 33016	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE:  **03-19-04 305-962 2083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #