


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 032 ***158.75

DOCUMENT # P02000049539
 1. Entity Name
 P & M INTERIOR TRIM CARPENTRY INC.



Principal Place of Business
 4436 NW 185 STREET
 CAROL CITY FL 33055
 4436

Mailing Address
 4434 NW 185 STREET
 CAROL CITY FL 33055



2. Principal Place of Business - No P.O. Box #
 4436 NW 185 ST

3. Mailing Address
 4434 NW 185 ST

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Carol city FL

City & State
 Carol city FL

Zip
 33055

Country
 miami Dade County

4. FEI Number 04-3681073

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~HERNANDEZ, MIRNA E~~ Pupo / I got married
 4434 NW 185 STREET
 CAROL CITY FL 33055

7. Name and Address of New Registered Agent
 Name Mirna E Pupo
 Street Address (P.O. Box Number is Not Acceptable)
 4434 NW 185 ST Carol city
 City Carol city FL Zip Code 33055

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 Mirna E Pupo
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HERNANDEZ-PUPO, MIRNA E	4434 NW 185 STREET	CAROL CITY FL 33055	<input type="checkbox"/>
V	PUPO, PABLO	4434 NW 185 STREET	CAROL CITY FL 33055	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mirna E Pupo 2-1-07. 786 402 7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #