

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 029 ***158.75

DOCUMENT # P02000057625						
1. Entity Name WOODRRAP WOOD DESIGN, INC.						
Principal Place of Business 7883 NW 55TH STREET MIAMI, FL 33166			Mailing Address 7883 NW 55TH STREET MIAMI, FL 33166			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 77-0593248		
Zip		Country		Applied For Not Applicable		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCALL, RICHARD R SR 7883 NW 55TH STREET MIAMI, FL 33166				7. Name and Address of New Registered Agent		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				FL 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME MCCALL, RICHARD R SR		<input type="checkbox"/> Delete	TITLE President	NAME Richard R. McCall Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19706 W LAKE SR	CITY-ST-ZIP HIALEAH, FL 33015			STREET ADDRESS 19706 W. LAKE DRIVE	CITY-ST-ZIP Hialeah FL 33015	
TITLE VST	NAME GALLAGHER, ARLENE P		<input type="checkbox"/> Delete	TITLE VP / Treasurer / Secretary	NAME Arlene P. Gallagher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19706 W LAKE SR	CITY-ST-ZIP HIALEAH, FL 33015			STREET ADDRESS 19706 W. LAKE DRIVE	CITY-ST-ZIP Hialeah FL 33015	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 507, 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: <i>Richard R. McCall</i> RICHARD R. MCCALL 2-1-05 286-412-9341						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						