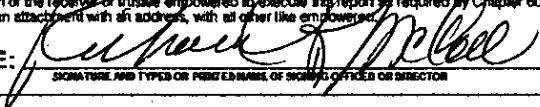


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 026 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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		
Zip		Country	Zip		Country
4. FEI Number # 770593248				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when electing)					
			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME MCCALL, RICHARD R SR ☐ Delete			TITLE _____ NAME _____ ☐ Change ☐ Addition		
STREET ADDRESS 19708 W LAKE SR			STREET ADDRESS _____		
CITY-ST-ZIP HALEAH, FL 33015			CITY-ST-ZIP _____		
TITLE _____ NAME VST ☐ Delete			TITLE _____ NAME _____ ☐ Change ☐ Addition		
STREET ADDRESS GALLAGHER, ARLENE P SR			STREET ADDRESS _____		
CITY-ST-ZIP 19708 W LAKE SR			CITY-ST-ZIP _____		
CITY-ST-ZIP HALEAH, FL 33015			CITY-ST-ZIP _____		
TITLE _____ NAME _____ ☐ Delete			TITLE _____ NAME _____ ☐ Change ☐ Addition		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
TITLE _____ NAME _____ ☐ Delete			TITLE _____ NAME _____ ☐ Change ☐ Addition		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
TITLE _____ NAME _____ ☐ Delete			TITLE _____ NAME _____ ☐ Change ☐ Addition		
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 employees.					
SIGNATURE: 			4-24-03 #786-412-9341		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

11023973



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)