## 2006 FOR PROFIT CORPORATION

## FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90461 004 \*\*\*150.00

Daytime Phone #

## **ANNUAL REPORT**

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DOCUMENT # P02000099066 1. Entity Name LANDY'S CARPENTRY, INC. Principal Place of Business Mailing Address 60032123 9605 NW 79TH AVENUE 9695 NW 79TH AVENUE #22 HIALEAH GARDENS, FL 33012 **BAY #20** HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address 9605 NW7974 Avenue Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Applied For 4. FEI Number City & State Not Applicable 56-2290341 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33016 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAGOBERTO ARtile HERNANDEZ, DAGOBERTO A Street Address (P.O. Box Number is Not Acceptable) 14434 SW 157 PA MIAMI, FL 33119 12930 NW 6 TERR ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registered agent SIGNATURE. (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE'1S \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE PD ☐ Delete TITLE DAROBERTO ARtile 12930 NW 6 TEAR MIAMI, FI 33182 HERNANDEZ, DAGOBERTO A NAME NAME STREET ADDRESS STREET ADDRESS 14434 SW 157 PA CITY-ST-ZIP MIAMI, FL 33119 CITY-ST-ZIP VD Change ☐ Addition ☐ Delete TITI F TITLE Lima, JEIDI 12930 NW 6 TERR Miami, Fl 33182 NAME LIMA, JEIDI NAME STREET ADDRESS 14434 SW 157 PA STREET ADDRESS MIAMI, FL 33119 CITY-ST-ZIP CITY-SI-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 eadress with 41 other like empowered. 305-820-6850

NTED NAME OF SIGNING OFFICER OR DIRECTOR