

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90032 044 ***150.00

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| DOCUMENT # P03000022082 | | | | | |
| 1. Entity Name MOLI CARPENTRY SOLUTIONS, CORP. | | | | | |
| Principal Place of Business 4396 MARILYN DRIVE LAKE WORTH, FL 33461 | | | Mailing Address 4396 MARILYN DRIVE LAKE WORTH, FL 33461 | | |
| 2. Principal Place of Business 579 MERCURY ST Suite, Apt. #, etc. | | 3. Mailing Address 579 MERCURY ST. Suite, Apt. #, etc. | | | |
| City & State WEST PALM BEACH Zip: 33406 Country: FI | | City & State WEST PALM BEACH Zip: 33406 Country: FI | | 4. FEI Number 56-2321258 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent MOLINA, JUAN 4396 MARILYN DRIVE LAKE WORTH, FL 33461 | | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: <u>[Signature]</u> DATE: <u>01-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| 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: DP NAME: MOLINA, JUAN STREET ADDRESS: 4396 MARILYN DRIVE CITY-ST-ZIP: LAKE WORTH, FL 33461 | <input type="checkbox"/> Delete | | TITLE: DP NAME: JUAN MOLINA STREET ADDRESS: 579 MERCURY ST CITY-ST-ZIP: W.P.B. FL 33406 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: VP NAME: LOURDES, PEREZ STREET ADDRESS: 4829 PURDUE DR. CITY-ST-ZIP: BOYNTON BEACH, FL 33436 | <input checked="" type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | | TITLE: _____ NAME: _____ 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>01-10-05</u> Daytime Phone #: <u>(561) 2024403</u> | | |