## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000024343

Entity Name: L & L CARPENTRY, INC.

FILED Feb 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1072 S.W. 25TH AVE 1145 NW 11TH STREET MIAMI, FL 33135 145 NW 133135 154 HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

 1072 S.W. 25TH AVE
 1145 N.W. 11TH STREET

 MIAMI, FL 33135
 HOMESTEAD, FL 33030

FEI Number: 38-3674770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLE, KARLA PATRICIA
1072 S.W. 25TH AVE
MIAMI, FL 33135

VALLE, KARLA PATRICIA
1145 N.W. 11TH STREET
HOMESTEAD, FL 33030

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.

SIGNATURE: 02/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P ( ) Delete
 Title:
 P (X) Change ( ) Addition

 Name:
 VALLE, KARLA PATRICIA
 Name:
 VALLE, KARLA PATRICIA

 Address:
 1072 S.W. 25TH AVE
 Address:
 1145 N.W. 11TH STREET

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: V ( ) Delete Title: V (X) Change ( ) Addition
Name: LAVASTIDA VICTOR Name: LAVASTIDA VICTOR

 Name:
 LAVASTIDA, VICTOR
 Name:
 LAVASTIDA, VICTOR

 Address:
 1135 N.W. 11TH STREET
 Address:
 1145 N.W. 11TH STREET

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LOREDO, LÚIS
 Name:

 Address:
 1145 N.W. 11TH STREET
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA PATRICIA VALLE P 02/26/2004