-2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000027994** 04-26-2004 90558 008 ***150.00 1. Entity Name HGN INTERIOR CARPENTRY TRIM, CORP. Principal Place of Business Mailing Address CEFEGUFC 3107 NW 4TH AVE #4 3107 NW 4TH AVE #4 POMPANO BCH, FL 33064 POMPANO BCH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 CR2E034 (10/03) Cha-P FEI Numper 1303153 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKROK, HEMERSON B Street Address (P.O. Box Number is Not Acceptable) 3107 NW 4TH AVE #4 POMPANO BCH, FL 33064 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 agthe obligations of registered agent, which is a superior of the photosis of the obligations of registered agent, which is a superior of the photosis of the obligations of registered agent, which is a superior of the photosis of the obligations of registered agent, which is a superior of the photosis of the obligations of registered agent, which is a superior of the obligations of registered agent, which is a superior of the obligation of d 2-15-14C . LOUBLESC Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Change Addition Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPVT TITLE TITLE ☐ Delete NAME SKROK, HEMERSON B NAME 3107 NW 4TH AVE #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 33064 CITY-ST-ZIP Change TITLE Delete TITLE Addition SKROK, HEMERSON B NAME NAME STREET ADDRESS 3107 NW 4TH AVE #4 STREET ADDRESS POMPANO BCH, FL 33064 C/TY-ST-7/P CITY-ST-78P Delete . __ Change _ _ Addition . TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition ŇAMÉ . NAME F3 41D DIP, CTC4(\$1N 11 STREET ADDRESS STREET ADDRESS Ty 20th Aue Will box CITY-ST-ZIP THE FOUR COME <u>ം സകവസ്</u> \$5.00 Mcy Be to part at any medual: 9. El 🔃 Deleteampaig ्याग्रह्मान् व Change ☐ Addition TITLE NAME NAME STREET ADDRESS Dynabaro, typed or pented nurse of copie in idlagues and the alse choses so STREET ADDRESS and the rest to the least 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 of 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 within address, with all other like empowered. uelor SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #