


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90169 033 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT #</b> P03000041298                          |  |
| 1. Entity Name<br><b>JOSE A. VECINO CARPENTRY, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>704 OMAR ROAD APT 6<br/>W PALM BCH, FL 33405</b> | Mailing Address<br><b>704 OMAR ROAD APT 6<br/>W PALM BCH, FL 33405</b> |
|--|--|

**54053118**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04202004 Chg-P CR2E034 (10/03)

4. FEI Number **04-3779480** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                        |  |
| <b>VECINO, JOSE A<br/>704 OMAR ROAD APT 6<br/>W PALM BCH, FL 33405</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |
| NAME                       | <b>VECINO, JOSE A</b>                    |
| STREET ADDRESS             | <b>704 OMAR ROAD APT 6</b>               |
| CITY - ST - ZIP            | <b>W PALM BCH, FL 33405</b>              |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY - ST - ZIP            |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY - ST - ZIP            |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY - ST - ZIP            |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| 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 empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #