


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060509 1. Entity Name AREVALO FRAMING CORP																																	
Principal Place of Business 550 N 19 ST L-85 IMMOKALEE FL 34142			Mailing Address 550 N 19 ST L-85 IMMOKALEE FL 34142																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State			City & State																														
Zip		Country		Zip																													
Country		Country		4. FEI Number 51-0468336 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GONZALEZ AYALA, YANETH 550 N 19 ST L-85 IMMOKALEE FL 34142																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>AREVALO, CARLOS H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 N 19 ST L-85</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IMMOKALEE FL 34142</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	AREVALO, CARLOS H		STREET ADDRESS	550 N 19 ST L-85		CITY-ST-ZIP	IMMOKALEE FL 34142		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>U00000282749</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>03/31/05-80054-024</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>158.75</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME	U00000282749			STREET ADDRESS	03/31/05-80054-024			CITY-ST-ZIP	158.75		
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1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-28-05 (239)438-2522
 Date Daytime Phone #