## FILED Sep 22, 2004 8:00 am Secretary of State

2004	ANNUAL REPORT	UN
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1. Entity Name	MEN I # PU3000080	942 I <sub>.</sub>				•	14 ***150.00	
Principal Place 9181 SW 154 MIAMI, FL : 33	ITH AVENUE	Mailing Address 9181 SW 154TH AVENUE MIAMI, FL 33196						
2. Principal Pl	ace of Business	3. Mailing Address	······································					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08132004	Chg-P	• • • • • • • • • • • • • • • • • • • •		
City & State	4	City & State		4. FEI Number	33 -10	78701	Applied For Not Applicable	
Zlp	Country	Zip	Country	<u> </u>	of Status Desired	Fee P	5 Additional equired	
<del></del>	6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
MARTINEZ, MARIA 9181 SW 154TH AVENUE MIAMI, FL 33196			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
-37346	1	and the second s	The second second	Salaran et al establishment	et - e.	- * * * * * * *	en la	
	1		City				p Code	
8. The above named entity submits this statement for the purpose of changing its registered effice 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 agos	<del></del>	legistored Agent signature require			DATE		
	LE NOWII FEE IS \$550.00 ue by September 8, 2004	S. Election Campaigr     Trust Fund Contrib		ded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE		
NAME STREET ADDRESS CITY-ST-ZIP	YUDICE, DOUGLAS R 9181 SW 154TH AVENUE MIAMI, FL 33198	Li Mesa (	NAME STREET ADORESS CITY-ST-ZIP				ingrige 🔲 zerennin	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, MARIA 8181 SW 154TH AVENUE MIAMI, FL 33198	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				hange 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	C) Deleta	HITLE NAME STREET ADDRESS CITY-ST-ZIP				hange 🗋 Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZP	Anna A	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* T / T	the second se	0	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Descrip	TITLE NAME STREET ADDRESS CITY-ST-ZIP				thange	
12. Thereby 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 stusted 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 off other like empowered.								
SIGNAT	TURE:SCHATURE (ME) (TPED O	PI PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR		8117104	3 to -el	08 - 8985 Phone =	

HOUSON SYAN 164 23979 Moulding Man of Miami, Inc. 9181 SW 154 Ave Miami, FL 33196

August 17, 2004

Florida Dept. Of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

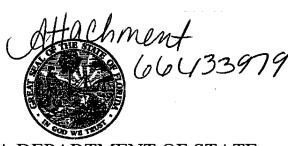
To whom it may concern:

Enclosed, please find a check in the amount of \$150.00 for annual filing fee. This was our first year in business and we did not know that we should submit this form annually. We did not receive notice prior to the May deadline and request that the late fee be waived this year.

Your immediate attention to this matter would be greatly appreciated.

Sincerely,

Marià Martinez
Vice President



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 31, 2004

MOULDING MAN OF MIAMI, INC. 9181 SW 154TH AVENUE MIAMI, FL 33196

Subject: MOULDING MAN OF MIAMI, INC.

Reference Number: .(

...P03000088421

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ML ANNUAL REPORTS SECTION