2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000099931

1. Entity Name
UNITED FRAMING COMPANY, INC.

Principal Place of Business	Mailing Address
2603 BELMONT LANE NORTH LAUDERDALE, FL 33068	2603 BELMONT LANE NORTH LAUDERDALE, FL 33068

04232004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business
7546 W MCNAB Rd. B-2
Suite, Apt. #, etc.
North LAUDERDALE
City & State   FL
Zip 33068   Country USA

3. Mailing Address
7546 W. MCNAB Rd B-2
Suite, Apt. #, etc.
North Lauderdale
City & State   FL
Zip 33068   Country USA

4. FEI Number
20-0371277
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCARZ, WIESLAW
2603 BELMONT LANE
NORTH LAUDERDALE, FL 33068

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 _____
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCARZ, WIESLAW 2603 BELMONT LANE NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _W. Lucarz_   WIESLAW LUCARZ   4-28-04   954-647-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #