

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102489

FILED
Apr 26, 2005
Secretary of State

Entity Name: JOAN NOALLES CARPENTRY CORPORATION

Current Principal Place of Business:

4368 PURDY LN
W PALM BEACH, FL 33406

New Principal Place of Business:

4277 FOREST LN.
W PALM BEACH, FL 33406

Current Mailing Address:

4368 PURDY LN
W PALM BEACH, FL 33406

New Mailing Address:

4277 FOREST LN.
W PALM BEACH, FL 33406

FEI Number: 58-1187009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NOALLES, JOAN
Address: 4368 PURDY LN
City-St-Zip: W PALM BEACH, FL 33406

Title: V () Delete
Name: PUPO, YUNIOR H
Address: 247 ALEMEDA DRIVE, APT. 11
City-St-Zip: W. PALM BEACH, FL 33461

Title: T () Delete
Name: MENDOZA, ELISEO
Address: PO BOX 5936
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: NOALLES, JOAN
Address: 4277 FOREST LN.
City-St-Zip: W PALM BEACH, FL 33406

Title: V (X) Change () Addition
Name: GONZALEZ, ADALBERTO
Address: 2002 PARK ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN NOALLES

PSTD

04/26/2005

Electronic Signature of Signing Officer or Director

Date