

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90461 006 ***150.00

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1. Entity Name

ELITE CARPENTRY & INTERIOR DESIGN CORP.



Principal Place of Business

**2349 W 80 STREET BAY F-2
HIALEAH FL 33016**

Mailing Address

**2349 W 80 STREET BAY F-2
HIALEAH FL 33016**

2. Principal Place of Business

2685 West 76th Street

Suite, Apt. #, etc.

3. Mailing Address

7801 SW 9th Terrace

Suite, Apt. #, etc.

City & State

Hialeah, Fl

City & State

Miami, Fl

Zip

33016-5617

Country

Miami Dade

Zip

33144

Country

Miami Dade

4. FEI Number

11-3705340

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**GONZALEZ, PABLO
7801 SW 9 TERR
MIAMI FL 33144**

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONZALEZ, PABLO
STREET ADDRESS 7801 SW 9 TERR
CITY-ST-ZIP MIAMI FL 33144

TITLE VD ☐ Delete
NAME MARCEL, MANUEL
STREET ADDRESS 7801 SW 9 TERR
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Marcel, Manuel E
STREET ADDRESS 1680 West 56th Street, C-127
CITY-ST-ZIP Hialeah, Fl 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Pablo Gonzalez, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 817-8330

Date

Daytime Phone #