2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State 02-23-2004 90033 010 ***158.75

	ANNUAL REPORT					Secretary of State				
DOCUMENT # P03000118360]		04 90033 0			
1. Entity Nan BULKEN	ne 'S DOORS&MILLWORKS,I	INC	Name of the last o		ł					
Principal Plac	ce of Business	Mailing Address	1		1	******	~			
520N.E.82S	TREET	520N.E.82STREET				ad Prota				
APT#11-A MIAMI, FL 3	3138 US	APT#11-A MIAMI, FL 33138	US							
2. Principal F	Place of Business	3. Mailing Address		1						
Suite, Apt. #, etc.		520 W. £ 82 Street			1 1300110011111	30130 HIN BOIL 5231 BO	LOI (1801 IIO) (5)00	IIIII OIILE DE	ITHE II TEEL	
11-14		Suite, Apt. #, etc.			02102004	Chg-P	CR2E034	(10/03)		
Miami, FL		Micumi, FL		4. FEI Numbe	86-108	4795		pplied For ot Applicable		
3313	Country	Zip 33138	Country		1	of Status Desired	- S	8.75 Ad	ditional	
	6. Name and Address of Curren		usm	<u> </u>	7. Name and	Address of New I		e Require	ed	
HORMSON	N'GIOVANNI P'SR		1	Name						
JOHNSON, GIOVANNI P'SR, 520 N.E.82STREET			`	Street Address ((P.O. Bax Numbe	r is Not Acceptab	le)			
APT#11-A MIAMI, FL										
			C	City			FL	Zip Cod	le	
8. The above	e named entity submits this statement f	for the purpose of changing i	ts registered o	office or register	red agent, or bot	h, in the State of F	lorida. I am far	niliar with,	, and accept	
-	tions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agen	nt and little if applicable. (NC	TE: Registered Ag	jent signature required	d when reins(aling)		DATE			
					-		too to			
- 11	E NOW!!! FFE 10 #450 00	9. Election Camp		na \$ 5.			1901 h			
	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Coa	aign Financin		.00 May Be led to Fees					
	ay 1, 2004 Fee will be \$550 OFFICERS AND	.00 Trust Fund Co.	aign Financin		.00 May Be led to Fees	CHANGES TO OF		IRECTOR	S IN 11	
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The copy deathy that the information supplied with this little does not quality 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:

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2/17/04

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