2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-06-2004 90013 010 ***158.75

DOCUMENT # P03000121611

1. Entity Name
TOMASZ WASILJEW CARPENTRY, INC.

Principal Place of Business	Mailing Address
1342 E FAIRFAX CIR BOYNTON BEACH FL 33436	1342 E FAIRFAX CIR BOYNTON BEACH FL 33436

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
8 HOME OFFICE 800 VIA LUGANO	800 VIA LUGANO CIR.
Suite, Apt. #, etc. # 211	Suite, Apt. #, etc. 211
City & State BOYNTON BEACH	City & State BOYNTON BEACH
Zip 33436 Country U.S.A.	Zip 33436 Country U.S.A

4. FEI Number 04-3779864 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASILJEW, TOMASZ 1342 E FAIRFAX CIR BOYNTON BEACH FL 33436	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 Tomasz Wasiljew TOMASZ WASILJEW 02.01.04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASILJEW, TOMASZ 1342 E FAIRFAX CIR BOYNTON BEACH FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WASILJEW TOMASZ 800 VIA LUGANO CIR BOYNTON BEACH FL. 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AND OFFICER TOMASZ WASILJEW 800 VIA LUGANO CIR BOYNTON BEACH FL 33436	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Tomasz Wasiljew TOMASZ WASILJEW 02.01.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (561) 364-2854

Attachment

WC4028868

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Notes

I TOMASZ WASILEW AM THE ONLY PERSON WORKING FOR THIS COMPANY THAT IS WHY I DID NOT LIST ANYBODY ELSE.

Size 4 Compact (4 1/4" x 6 3/4")