

FILED  
Mar 08, 2004 8:00 am  
Secretary of State

02-10-2004 90003 044 \*\*\*158.75

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P03000127977                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                                                         |                                                                                                                                                                    |
| 1. Entity Name<br>VITALY MARCHUK CARPENTRY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                    |
| Principal Place of Business<br>6616 PONCE DE LEON BLVD.<br>NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          | Mailing Address<br>6616 PONCE DE LEON BLVD.<br>NORTH PORT, FL 34286                                                                                                                      |                                                                                                                                                                    |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | 3. Mailing Address<br>3954 Chamberlain Blv.                                                                                                                                              |                                                                                                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | Suite, Apt. #, etc.<br>North Port, FL                                                                                                                                                    |                                                                                                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | City & State                                                                                                                                                                             |                                                                                                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                  | Zip                                                                                                                                                                                      | Country                                                                                                                                                            |
| 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | 34286                                                                                                                                                                                    | Sarasota                                                                                                                                                           |
| 4. FEI Number<br>20-0370152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | Applied For<br>Not Applicable                                                                                                                                                            |                                                                                                                                                                    |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          | \$8.75 Additional Fee Required                                                                                                                                                           |                                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br>MARCHUK, VITALY<br>6616 PONCE DE LEON BLVD.<br>NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name: Vitaly Marchuk<br>Street Address (P.O. Box Number Not Acceptable)<br>6616 Ponce De Leon Blv.<br>City: North Port FL Zip Code: 34286 |                                                                                                                                                                    |
| 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.<br>SIGNATURE: Vitaly Marchuk DATE: 02.04.04<br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                                                                          |                                                                                                                                                                    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                          |                                                                                                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                    |                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>MARCHUK, VITALY<br>6616 PONCE DE LEON BLVD.<br>NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3954 Chamberlain Blv.<br>North Port, FL, 34286                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mykola Semenov <input type="checkbox"/> Delete<br>6616 Ponce De Leon Blv.<br>North Port, FL, 34286       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>mykola Semenov<br>3954 Chamberlain Blv.<br>North Port, FL, 34286    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vasily Vologochuk <input type="checkbox"/> Delete<br>6616 Ponce De Leon Blv.<br>North Port, FL, 34286    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Vasily Vologochuk<br>3954 Chamberlain Blv.<br>North Port, FL, 34286 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6616 Ponce De Leon Blv.<br>North Port, FL, 34286 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Oksana Koshonenko<br>3954 Chamberlain Blv.<br>North Port, FL, 34286                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> 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: Vitaly Marchuk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          | 02.04.04 (941)-234-5006                                                                                                                                                                  |                                                                                                                                                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | Date Daytime Phone #                                                                                                                                                                     |                                                                                                                                                                    |