

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131369

Entity Name: WOOD MASTERS OF AMERICA, INC.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

2521 NE 5TH AVE  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

500 NE 25TH STREET  
1  
POMPANO BEACH, FL 33064

## Current Mailing Address:

2521 NE 5TH AVE  
POMPANO BEACH, FL 33064

## New Mailing Address:

500 NE 25TH STREET  
1  
POMPANO BEACH, FL 33064

FEI Number: 20-0321534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMLINSON, JOHN L  
500 NW 62ND ST, STE 455  
FT LAUDERDALE, FL 33309 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: D ( ) Delete  
Name: FILIP, WOJCIECH  
Address: 2521 NE 5TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FILIP, WOJCIECH  
Address: 500 NE 25TH ST  
City-St-Zip: POMPANO BEACH, FL 33064

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: FILIP WOJCIECH

D

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date