
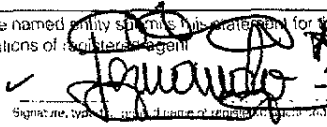
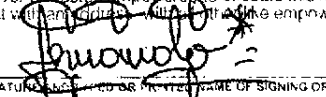


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140703			
1. Entity Name JUTTEM CARPENTRY, INC.			
Principal Place of Business 2266 NW 94 ST MIAMI, FL 33147		Mailing Address 2266 NW 94 ST MIAMI, FL 33147	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OROZCO, FERNANDO 2266 NW 94 ST MIAMI, FL 33147		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 officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.			
SIGNATURE: 		DATE: 4-10-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROZCO, FERNANDO	NAME	
STREET ADDRESS	2266 NW 94 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33147	CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVILLA, ANABEL	NAME	
STREET ADDRESS	2266 NW 94TH STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33147	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any additions, deletions or changes empowered.			
SIGNATURE: 		DATE: 4-10-06	
SIGNATURE OF REGISTERED OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE OF REGISTERED OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECTOR	



03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0506024 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

U00000535484
05/08/06-80053-024 150.00