



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91060 039 ***158.75

DOCUMENT # P03000142868 1. Entity Name HIGH QUALITY WOOD DESIGNS, CORP.					
Principal Place of Business 10735 SW 216TH ST., BAY 417 MIAMI, FL 33170			Mailing Address 10735 SW 216TH ST., BAY 417 MIAMI, FL 33170		
2. Principal Place of Business 10701 SW 216 ST.		3. Mailing Address 10701 SW 216 ST.			
Suite, Apt. #, etc. 11		Suite, Apt. #, etc. 11			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33170		Zip 33170			
Country USA		Country USA		4. FEI Number 38-3694347	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRUZ, QUIRINO 10735 SW 216TH ST., BAY 417 MIAMI, FL 33170			7. Name and Address of New Registered Agent Name QUIRINO CRUZ Street Address (P.O. Box Number is Not Acceptable) 19600 SW 110 CT. #111 City MIAMI FL 33157		
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: <i>Quirino Cruz</i> DATE: 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, QUIRINO 10735 SW 216TH ST., BAY 417 MIAMI, FL 33170 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER, DIRECTOR QUIRINO CRUZ 10701 SW 216 ST. #111 MIAMI FL 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONZALEZ, HILDELISA 10735 SW 216TH ST., BAY 417 MIAMI, FL 33170 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Quirino Cruz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/29/04 Daytime Phone #: (756) 380-2230		