2006 FOR PROFIT CORPORATION

ANNUAL REPORT	
DOCUMENT # P03000151661 1. Entity Name ALL WOOD INTERIORS INC.	00 MM 13 MM 11 00
Principal Place of Business Mailing Address	O6 JAN 12 AH 11: 09 SEC JATE TALLAGASSEC, FLORIDA
6911 W 24TH CT HIALEAH, FL 33016 HIALEAH, FL 33016	TALLA: 1255.cc, 1 LORIDA
DO NOT WRITE IN THIS SPA	01112006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-0498051
6. Name and Address of Current Registered Agent	
PEREZ, OSCAR 6911 W 24TH CT HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
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 Signature logic or profit name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 4100164414284 Trust Fund Contribution. Added to Fee\$11/25/0601803018 **150.00	
10. OFFICERS AND DIRECTORS	
TITLE PD NAME PEREZ, OSCAR	
STREET ADDRESS 6911 W 24TH CT CITY-ST-ZIP HIALEAH, FL 33016	
TITLE	
NAME CORREST ADDRESS	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	_
TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE	7
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with his 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 epoil 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: 01-11-2000	
SIGNATURE: SIGNATURE AND THE DOLP WINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date	