


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 012 ***150.00

DOCUMENT # P03000154937

1. Entity Name
MENENDEZ FRAMING, INC.



Principal Place of Business
**1048 LAKESHORE RANCH DR
 SEFFNER, FL 32958**

Mailing Address
**1048 LAKESHORE RANCH DR
 SEFFNER, FL 32958**

14027482



2. Principal Place of Business
1312 OAKCREST Drive

3. Mailing Address
1312 OAKCREST Drive

Suite, Apt. #, etc.

09152004 Chg-P CR2E034 (10/03)

City & State
BRANDON FL

City & State
BRANDON FL

Zip Country
33510 U.S.A

Zip Country
33510 U.S.A

4. FEI Number
651210662

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MENENDEZ, DENNIS
 1048 LAKESHORE RANCH DR
 SEFFNER, FL 32958**

7. Name and Address of New Registered Agent

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MENENDEZ, DENNIS
STREET ADDRESS	1048 LAKESHORE RANCH DR
CITY-ST-ZIP	SEFFNER, FL 32958
TITLE	D <input type="checkbox"/> Delete
NAME	MENENDEZ, CINDY
STREET ADDRESS	1048 LAKESHORE RANCH DR
CITY-ST-ZIP	SEFFNER, FL 32958
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dennis Menendez* **Sept 22, 04** **913-767-2930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

14027482
#PO3000154937

To whom it may concern;

I am writing to let you know that I did not receive a 2004 annual report notice. Enclosed is a money order for \$150.00.

Sincerely,
Dennis Menendez