


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90059 017 \*\*\*150.00

**DOCUMENT # P03000154937**  
 1. Entity Name  
**MENENDEZ FRAMING, INC.**



Principal Place of Business      Mailing Address  
 1312 OAKCREST DRIVE      1312 OAKCREST DRIVE  
 BRANDON FL 33510      BRANDON FL 33510



~~1312 Oakcrest Dr.~~  
 2. Principal Place of Business      3. Mailing Address  
**1312 Oakcrest Dr.**      **1312 Oakcrest Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State  
**Brandon, Florida**      **Brandon, Florida**  
 Zip      Country      Zip      Country  
**33510**      **USA**      **33510**      **USA**

4. FEI Number      Applied For  
**65-1210662**       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 *Dennis Menendez*      DATE *3/23/05*  
Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00!**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENENDEZ, DENNIS</b>	
STREET ADDRESS	<b>1048 LAKESHORE RANCH DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL 32958</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENENDEZ, CINDY</b>	
STREET ADDRESS	<b>1048 LAKESHORE RANCH DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL 32958</b>	
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
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*      DATE: *3/23/05*      DAYTIME PHONE #: *813-767-2930*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #