

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 006 ***150.00

DOCUMENT # P04000011562
1. Entity Name
ULTIMATE CARPENTRY AND DESIGN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3157 W 80 ST		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33018	Country	Zip	Country

4. FEI Number 20-0615421	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

40003968

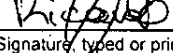
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RICARDO W MARTINEZ	
Street Address (P.O. Box Number is Not Acceptable) 15554 SW 107 CT	
City MIAMI	Zip Code 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  **RICARDO W MARTINEZ** **1/3/2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 P	NAME ZAMORA, EDUARDO
STREET ADDRESS 10760 SW 153 ST	CITY-ST-ZIP MIAMI, FL 33157
TITLE VP	NAME MARTINEZ, RICARDO W
STREET ADDRESS 15554 SW 107 CT	CITY-ST-ZIP MIAMI, FL 33157
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **RICARDO W MARTINEZ, VP** **1/3/2008** **(305) 281-2315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #