Apr 28 2005 1:32PM ORTUETA CPA

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Secretary of State
05-02-2005 90549 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060122

1. Entity Name
D.A.R. MILLWORK INC.

Principal Place of Business	Mailing Address
14370 SW 139 COURT UNIT 6 MIAMI, FL 33186	14370 SW 139 COURT UNIT 6 MIAMI, FL 33186

66022053

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14280 SW 142 St.	14280 SW 142 St.
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33186 Country	Zip 33186 Country

4. FEI Number 20-0977811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEGRIA, DANIEL
14370 SW 139 COURT
UNIT 6
MIAMI, FL 33186

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 $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P ALEGRIA, DANIEL 14370 SW 139 COURT UNIT 6 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14280 SW 142 St. #202 Miami, Fl. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEGRIA, CARMEN G 14370 SW 139 COURT UNIT 6 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14280 SW 142 St. #202 Miami, Fl. 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: x Carmen G. Alegria 4-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #