


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90416 004 \*\*\*150.00

DOCUMENT # P04000060614

1. Entity Name  
 G J S WOOD, INC.



Principal Place of Business  
 3396 ROSTAN LANE  
 WEST PALM BEACH, FL 33461

Mailing Address  
 3396 ROSTAN LANE  
 WEST PALM BEACH, FL 33461

50008876



2. Principal Place of Business  
 1264 W. Frangipani Cir.  
 Suite, Apt. #, etc.

3. Mailing Address  
 1264 W. Frangipani Circle  
 Suite, Apt. #, etc.

03182006 Chg-P CR2E034 (11/05)

City & State  
 Lantana

City & State  
 Lantana

4. FEI Number  
 20-0995976

Applied For  
 Not Applicable

Zip  
 33462

Country

Zip  
 33462

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, GUSTAVO  
 3396 ROSTAN LANE  
 WEST PALM BEACH, FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1264 W. Frangipani Circle

City Lantana FL Zip Code 33462

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 P	<input type="checkbox"/> Delete
NAME GONZALEZ, GUSTAVO	
STREET ADDRESS 3396 ROSTAN LANE	
CITY-ST-ZIP WEST PALM BEACH, FL 33461	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1264 W. Frangipani Circle	
CITY-ST-ZIP Lantana, F. 33462	
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 exemptions contained in Chapter 119, 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: Sushant Sonu Date: 3/18/06 Daytime Phone #: (561) 644-5685