

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 046 ***150.00

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03042005 Chg-P CR2E034 (10/03)

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|---|--|---|--|--|--|
| DOCUMENT # P04000065661 1. Entity Name PESTANO'S WOODWORKS, INC. | | | | | |
| Principal Place of Business 2471 SW 56 TERRACE HOLLYWOOD, FL 33023 | | | Mailing Address 2471 SW 56 TERRACE HOLLYWOOD, FL 33023 | | |
| 2. Principal Place of Business 341 E Sheridan ST Suite, Apt. #, etc. 405 | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State DANIA BEACH, FL | | City & State | | 4. FEI Number 20-1025967 | |
| Zip 33004 | | Country Broward | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PESTANO, ROBERTO 2471 SW 56 TERRACE HOLLYWOOD, FL 33023 | | | 7. Name and Address of New Registered Agent Name ROBERTO L PESTANO Street Address (P.O. Box Number is Not Acceptable) 341 E Sheridan ST #405 City DANIA BEACH FL Zip Code 33004 | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | (NOTE: Registered Agent signature required when reinstating) DATE 03/04/05 | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete PESTANO, ROBERTO 2471 SW 56 TERRACE HOLLYWOOD, FL 33023 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 03/04/05 <small>Daytime Phone #</small> | | |