

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 022 ***150.00

DOCUMENT # P04000074481 1. Entity Name CCA FINISH CARPENTRY INC.					
Principal Place of Business 5831 SW 109 AVE MIAMI, FL 33173			Mailing Address 5831 SW 109 AVE MIAMI, FL 33173		
2. Principal Place of Business 5470 N. W. 172 ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State OPA LOCKA, FL		City & State OPA LOCKA, FL			
Zip 33055		Country USA		4. FEI Number 20-1104119	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALONSO, CARLOS A 5831 SW 109 AVE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name ALONSO, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 5470 N. W. 172 STREET City OPA-LOCA FL Zip Code 33055	
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>		ALONSO, CARLOS <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/27/2005 <small>DATE</small>	
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 DP <input type="checkbox"/> Delete	NAME ALONSO, CARLOS A		TITLE D/p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CARLOS ALONSO	
STREET ADDRESS 5831 SW 109 AVE	CITY-ST-ZIP MIAMI, FL 33173		STREET ADDRESS 5470 N. W. 172 STREET	CITY-ST-ZIP OPA LOCKA, FLA 33055	
TITLE DT <input checked="" type="checkbox"/> Delete	NAME DIAZ, JORGE L		TITLE D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ANIEL MADRIGAL	
STREET ADDRESS 115 W 28 STREET	CITY-ST-ZIP HIALEAH, FL 33010		STREET ADDRESS 9601 S. W. 99 AVE	CITY-ST-ZIP MIAMI, FL 33173	
TITLE DS <input checked="" type="checkbox"/> Delete	NAME DIAZ, YASSER		TITLE D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CARLOS ALONSO	
STREET ADDRESS 115 W 28 STREET	CITY-ST-ZIP HIALEAH, FL 33010		STREET ADDRESS 5470 N. W. 172 STREET	CITY-ST-ZIP OPA LOCKA, FLA 33055	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLOS ALONSO		
Date			Daytime Phone #		