2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 05, 2008 08:00 AN Secretary of State DOCUMENT # P04000087054 1. Entity Name WOOD TRIMMING, CORP. Principal Place of Business Mailing Address 12070 SW 268 ST 12070 SW 268 ST HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 04252008 No Chg-P Applied For 4. FEI Number 20-1202951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MENENDEZ, MARIO 12070SW 268 ST 35 IN THIS SPACE HOMESTEAD, FL 33032 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MENENDEZ, MARIO STREET ADDRESS 12070 SW 268 ST 35 CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE DVP TURNEZ, MIRIAM NAME STREET ADDRESS 12070 SW 268 ST 35 HOMESTEAD, FL 33032 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this liting 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

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Davime Phone #

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