2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # P04000087493 02-23-2005 90080 041 ***150.00 M INTERIOR WORK, INC. Principal Place of Business Mailing Address **UUULUULUU** P.O. BOX 111798 P.O. BOX 111798 HIALEAH, FL 33011-1798 HIALEAH, FL 33011-1798 2. Principal Place of Business 3. Mailing Address PO Box 11/798 Suite, Apt. #. etc. OO Box Suite. Apt. #. etc. 01042005 CR2E034 (10/03) Chg-P City & State Howech, FL City & State Hiakah, FL 4. FEI Number Applied For 20-1224 832 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA 33011 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Montero, Francisco MONTERO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 5075 NW 195 LANE MIAMI, FL 33055-1798 5075 NW 195 Lone 8. The above named entity submits this statement for the borcose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egisti rancisco Wanko Hesident J-17-02 SIGNATURE. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE De ete TITLE MONTERO, FRANCISCO OWNER KAME NAME 5075 NW 195 LANE STREET ADDRESS STREET ADDRESS CITY-ST-78P MIAMI, FL 33055 CITY-ST-7IP RTIF De ete TITLE ☐ Change Addition LAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE De ele TITLE ☐ Change Add tion NAME ____ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ De ete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITE F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De'ete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 turther certify that the information indicated on this report or suppliemental 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 emoowered 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.

FILED

Feb 23, 2005 8:00 am

(30S)