

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 007 ***158.75

DOCUMENT # P04000093397 1. Entity Name ARROW TRIM CARPENTERS, INC.					
Principal Place of Business 2113 POLO CLUB DR APT 107 KISSIMMEE, FL 34741 US			Mailing Address 2113 POLO CLUB DR APT 107 KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box # 14404 Verano Dr.			3. Mailing Address 14404 Verano Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-1257594	
Zip 32837		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDOZA, SERGIO A 2113 POLO CLUB DR APT 107 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Sergio A. Mendoza Street Address (P.O. Box Number is Not Acceptable) 14404 Verano Dr. City Orlando FL Zip Code 32837			
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 <u><i>Sergio A. Mendoza</i></u> DATE <u>2/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MENDOZA, SERGIO A 2113 POLO CLUB DR APT 107 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mendoza, Sergio A. 14404 Verano Dr. Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, BRENDA F 2113 POLO CLUB DR APT 107 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, Brenda F. 14404 Verano Dr. Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ AGUILAR, RODRIGO S 3806 HIDEAWAY BAY BLVD., #201 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sanchez Aguilar, Rodrigo S. 3806 Hideaway Bay Blvd. # 201 Kissimmee, FL 34741 <input checked="" 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	
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	
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	
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: <u><i>Sergio A. Mendoza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/11/08</u> <small>Date</small>		
<small>Daytime Phone #</small>					