

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P04000109621

1. Entity Name
FINE FINISH CRAFT WOOD DESIGN, INC.



Principal Place of Business
**208 NE 33RD ST
OAKLAND PARK, FL 33334**

Mailing Address
**208 NE 33RD ST
OAKLAND PARK, FL 33334**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0590054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILANES, RAMON GERALDO
150 N E 38TH ST STE 10
OAKLAND PARK, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000733271
05/09/07-80080-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILANES, RAMON G
STREET ADDRESS	150 N E 38TH ST STE 10
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	TSD
NAME	VERA, MARIA NORALMA
STREET ADDRESS	150 N E 38TH ST STE 10
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAMON G. MILANES - PRESIDENT

754-581-5401