

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-25-2005 90002 045 ***150.00

DOCUMENT # P04000111136 1. Entity Name YIM FINISH CARPENTER CORP.																													
Principal Place of Business 12450 SW 189TH STREET MIAMI FL 33177				Mailing Address 12450 SW 189TH STREET MIAMI FL 33177																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-142-5319.</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)																									
6. Name and Address of Current Registered Agent PEREZ, ISMIEL 12450 SW 189TH STREET MIAMI FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>TITLE</small></td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><small>NAME</small></td> <td>PEREZ, ISMIEL</td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td>12450 SW 189TH STREET</td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td>MIAMI FL 33177</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>TITLE</small></td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><small>NAME</small></td> <td></td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td></td> <td></td> </tr> </table> </div> </div>						<small>TITLE</small>	P	<input type="checkbox"/> Delete	<small>NAME</small>	PEREZ, ISMIEL		<small>STREET ADDRESS</small>	12450 SW 189TH STREET		<small>CITY-ST-ZIP</small>	MIAMI FL 33177		<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>NAME</small>			<small>STREET ADDRESS</small>			<small>CITY-ST-ZIP</small>		
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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 all other like empowered.																													
SIGNATURE: <u>Ismiel Perez - President</u> 5/17/05 786-586-4654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													