

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 040 ***150.00

DOCUMENT # P04000112545

1. Entity Name
EXQUISITE WOODWORKS BY AL, INC.



Principal Place of Business 5565 SCHENCK AVENUE 5 ROCKLEDGE, FL 32955 US	Mailing Address 5565 SCHENCK AVENUE 5 ROCKLEDGE, FL 32955 US
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2. Principal Place of Business 5565 SCHENCK AVE	3. Mailing Address 5565 SCHENCK AVENUE
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Suite, Apt. #, etc. 5	Suite, Apt. #, etc. 5
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City & State ROCKLEDGE FL 32955	City & State ROCKLEDGE FL
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Zip 32955	Country BREVARD	Zip 32955	Country BREVARD
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03262005 Chg-P CR2E034 (10/03)

4. FEI Number 10-1602118	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OROZCO, ALVARO E 5565 SCHENCK AVENUE 5 ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: Alvaro E Orozco ALVARO E. OROZCO **3/29/05** **321 634 5398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #