

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED

**Apr 23, 2007 8:00 am
Secretary of State**

04-09-2007 90035 022 ***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**

DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1602118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**OROZCO, ALVARO E
5565 SCHENCK AVENUE
5
ROCKLEDGE, FL 32955**

**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

ALVARO E. OROZCO *Alvaro E. Orozco*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-28-07

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**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **OROZCO, ALVARO E**
STREET ADDRESS **5565 SCHENCK AVENUE, SUITE 5**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ALVARO E. OROZCO *Alvaro E. Orozco* **4-18-07 321 634 1398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #