


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90458 021 ***150.00

DOCUMENT # P04000141287			
1. Entity Name REALITY WOOD WORKING INC			
Principal Place of Business 1087 SW 135 PLACE MIAMI, FL 33184		Mailing Address 1087 SW 135 PLACE MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # 1735 W 60 ST		3. Mailing Address	
Suite, Apt. #, etc. apt 11-304		Suite, Apt. #, etc.	
City & State Miami FL		City & State 1	
Zip 33012	Country US	Zip	Country
6. Name and Address of Current Registered Agent NIETO, JUAN P 17836 SW 10 LN PEMBROKE PINES, FL 33029		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 MEDRANO, ROBERTO E 1087 SW 135 PLACE MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDRANO, ROBERTO E 1735 W 60 ST apt 11-304 Miami, FL 33012 <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
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04112007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2183079 Applied For
Not Applicable

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

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 as an attachment with an address, with all other like empowered.

[Signature]

President

(786) 357-7012
4/30/07