## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Jul 13, 2006 08:00 AM DOCUMENT # P04000144247 **Secretary of State** ESPINOZA FRAME CONSTRUCTION, INC. Principal Place of Business Mailing Address 14206 DAWNYNG 14206 DAWNYNG DOVER, FL 33527 DOVER, FL 33527 No Chg-P CR2E034 (11/05) 07112006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1764962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESPINOZA, JORGE DO NOT WRITE 14206 DAWNYNG **DOVER, FL 33527** 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation dld not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME ESPINOZA, JORGE STREET ADDRESS 14206 DAWNYNG CITY-ST-ZIP **DOVER, FL 33527** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #