## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 08:00 AN Secretary of State

	ANNUAL	KEPORT		<u> </u>	" 11p	20,20	of C40
DOCUMENT # P04000144247				]	ì	Secreta	ry of Sta
1. Entity Nar	me						
ESPINOZA FRAME CONSTRUCTION, INC.							
			- TE				
Principal Place of Business Mailing Address							
4408 HOLLOWAY MEADOWS LN 4408 HOLLOWAY MEADOWS PLANT CITY, FL 33567 PLANT CITY, FL 33567		N					
FLANT GIT,	, FL 33307	PLANT CITY, FL 33567					
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	da e b				of Status Desired	\$8.7	75 Additional
	6 Nowe and Address of Course De	\$	1	J. Cormicate	1.	Fee F	Required
	6. Name and Address of Current Re	gistered Agent	1.4%	•			
	A, JORGE			DO	<b>NOT W</b>	RITE	
4408 HOLLOWAY MEADOWS LN PLANT CITY, FL 33567						- 1000011111111111111111111111111111111	# 7 k
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				ta di sepa	de de de la		10.09
8. The above	a named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Fl	orida. I am familia	ar with, and accept
the obliga	tions of registered agent.						Ì
SIGNATURE.	Signature, typed or printed name of registered agent and	MOTE O					
	Ospitalite, typod or printed raine or registered agent are	ine is applicable (NOTE: negistere	ed Agent signature required	when reinstating)	[	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution			· _ ••	00 May Be ed to Fees	U00000	921983	,
	ay 1, 2008 Fee will be \$550.00		LJ Addi	90 IO L##2	05/15/08-	80029-002	2 150.00
10.	OFFICERS AND DII	RECTORS			19 9 19 19 19 19 19 19 19 19 19 19 19 19		
TITLE NAME	ESPINOZA, JORGE						
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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: 2

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 21.08 (813) 715-639