2006 FOR PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000151887 04-17-2006 90388 020 ***150.00 1. Entity Name HIGH END FINISHES & INSTALLATIONS, INC. Principal Place of Business Mailing Address 40051757 3120 W HALLANDALE BEACH BLVD 3120 W HALLANDALE BEACH BLVD #526 #526 HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1846024 Not Applicable Zip Zip Country Country \$8.75 Additional 5. 'Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JIMENEZ, VICTOR Street Address (P.O. Box Number is Not Acceptable) 4641 SW 31ST DR. HOLLYWOOD, FL 33023 Zip Code FL 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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE ☐ Delete TIDE Change ☐ Addition JIMENEZ, VICTOR NAME NAME STREET ADDRESS 4641 SW 31ST DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIBE ☐ Change ☐ Addition NAME NAME

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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver o changed, or on an attachment with with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

154-204-3521

FILED