

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2006-90002-023-\$163.75-\$163.75

DOCUMENT # P05000032426	
1. Entity Name FOCAL POINT WOODWORK, INC.	

Principal Place of Business 3301 SOUTH ANDREWS AVE. UNIT 34 FORT LAUDERDALE FL 33301	Mailing Address 3301 SOUTH ANDREWS AVE. UNIT 34 FORT LAUDERDALE FL 33301
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2. Principal Place of Business 3321 S. ANDREWS AVE	3. Mailing Address 3321 S. ANDREWS AVE
State, Apt. #, etc. UNIT # 34	State, Apt. #, etc. UNIT # 34

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316	Country U.S.A.

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2nd MOORE CR2E034 (4/06)

4. FEI Number 20-2520735	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

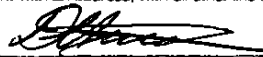
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP HORIE, DONAVAN 3321 SOUTH ANDREWS AVE. UNIT 34 FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #