

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/7

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90002 042 \*\*\*150.00

<b>DOCUMENT # P05000065934</b>					
<b>1. Entity Name</b> CHAVARRIAS CUSTOM WOODWORKING INC					
<b>Principal Place of Business</b> 9723 NW 44 TERR DORAL, FL 33178 US			<b>Mailing Address</b> 9723 NW 44 TERR DORAL, FL 33178 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 202883006			<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  CHAVARRIA, PLINIO 9723 NW 44 TERR DORAL, FL 33178			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE:					
<small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHAVARRIA, PLINIO</b> <input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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