

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90020 028 \*\*\*150.00

<b>DOCUMENT # P05000070887</b>	
1. Entity Name <b>HAMIR FINISH CARPENTRY, INC.</b>	



Principal Place of Business <b>2849 W. 75TH ST. HIALEAH, FL 33018</b>	Mailing Address <b>2849 W. 75TH ST. HIALEAH, FL 33018</b>
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2. Principal Place of Business <b>2357 W 80 Street</b>	3. Mailing Address <b>2357 W 80 Street</b>
Suite, Apt. #, etc. <b>Bay 2</b>	Suite, Apt. #, etc. <b>Bay 2</b>
City & State <b>Hialeah FL 33016</b>	City & State <b>Hialeah FL 33016</b>
Zip <b>33016</b>	Country <b>USA</b>



03082006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2848827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CABRERA, HARLEN V. 2849 W. 75TH ST. HIALEAH, FL 33018</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6827 W 25 Ave</b> City <b>Hialeah FL 33016 FL</b> Zip Code <b>33016</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD CABRERA, HARLEN V 2849 W. 75TH ST. HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6824 W 25 Ave Hialeah FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, MIRALMIS 2849 W. 75TH ST. HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6824 W 25 Ave Hialeah FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Harlen Valdes Cabrera - President 3-8-06**  
Date **305-362-4202**