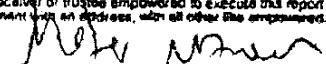


FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90424 019 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000080405			
1. Entry Name M FHIMA WOODWORK, INC.			
Principal Place of Business 1210 STIRLING ROAD 9-A DANIA BEACH, FL 33004		Mailing Address 1210 STIRLING ROAD 9-A DANIA BEACH, FL 33004	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. El Number 20-2945693		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVON, MOTI 1210 STIRLING ROAD 9-A DANIA BEACH, FL 33004		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 entry 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. (Name of officer or director or agent who signs must be legible) (NOTE: Notarized Agent signature required when appointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	NAVON, MOTI 1210 STIRLING ROAD 9-A DANIA BEACH, FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		FILED  4-26-06	
SAPPHIRE AND TROUD OFFICE OF SECRETARY OF STATE		CLERK (Official Report #)	