

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90006 033 ***150.00

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1. Entity Name
CUSTOM WOOD CARPENTRY, INC.



Principal Place of Business Mailing Address
3190 STATE RD 3190 STATE RD
BAY 19 BAY 19
MIRAMAR, FL 33023 MIRAMAR, FL 33023

40107168



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05272008 Chg-P CR2E034 (12/06)

4. FEI Number 71-0989235 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING MADE EZ, INC.
3800 S. OCEAN DR
#217
HOLLYWOOD, FL 33019
(TO BE DELETED)

7. Name and Address of New Registered Agent

Name
JUAN M. GIORGETTA
Street Address (P.O. Box Number is Not Acceptable)
3190 South State RD 7, Bay 19
City MIRAMAR FL Zip Code 33023

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 *Juan M. Giorgetta* JUAN M. GIORGETTA, PRESIDENT, 05/28/08 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALAMIRANO, SANDRA P ☒ Delete
STREET ADDRESS 3190 STATE RD BAY #19 (TO BE DELETED)
CITY - ST - ZIP MIRAMAR, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/S/D ☒ Change ☐ Addition
NAME GIORGETTA, JUAN M.
STREET ADDRESS 3190 South State RD 7, Bay 19
CITY - ST - ZIP MIRAMAR, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

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: *Juan M. Giorgetta* JUAN M. GIORGETTA 05/28/2008 754-244-8670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #