


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 010 ***158.75

DOCUMENT # P05000159133	
1. Entity Name ALEXIS FINISH CARPENTRY INC.	

Principal Place of Business 15550 SW 308 STREET HOMESTEAD, FL 33033 US	Mailing Address 15550 SW 308 STREET HOMESTEAD, FL 33033 US
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40119440



2. Principal Place of Business - No P.O. Box # 1615 PORTSMOUTH LAKE DR.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State BRANDON, FL	City & State
Zip 33511	Country USA

4. FEI Number 27-0134404	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIGUEROA, ALEXIS 15550 SW 308 STREET HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1615 PORTSMOUTH LAKE DR City BRANDON FL Zip Code 33511
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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:  PRESIDENT 3/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FIGUEROA, ALEXIS 15550 SW 308 STREET HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXIS FIGUEROA 1615 PORTSMOUTH LAKE DR BRANDON, FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS ONLY)
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
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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:  ALEXIS FIGUEROA 3/30/07 (813) 735-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #