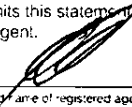


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 016 ***150.00

DOCUMENT # P05000159133 1. Entity Name ALEXIS FINISH CARPENTRY INC.																																																																																																																																																											
Principal Place of Business 1615 PORTSMOOTH LAKE DR BRANDON, FL 33511 US			Mailing Address 1615 PORTSMOOTH LAKE DR BRANDON, FL 33511 US																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 11205 SW 2 ST		3. Mailing Address SAME																																																																																																																																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																									
City & State MIAMI, FL		City & State 		4. FEI Number 27-0134404																																																																																																																																																							
Zip 33174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent FIGUEROA, ALEXIS 1615 PORTSMOOTH LAKE DR BRANDON, FL 33511				7. Name and Address of New Registered Agent Name ALEXIS FIGUEROA Street Address (P.O. Box Number is Not Acceptable) 11205 SW 2 ST City MIAMI FL Zip Code 33174																																																																																																																																																							
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 DATE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 and all other like empowered. SIGNATURE:  President 07/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											