## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000026690

Entity Name: EL SHADDAI MILLWORK INSTALLATION INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2649 NE 12 TERRACE 901 E SAMPLE RD

POMPANO BEACH, FL 33064 L

POMPANO BEACH, FL 33064

Current Mailing Address: New Mailing Address:

2649 NE 12 TERRACE 901 E SAMPLE RD POMPANO BEACH, FL 33064 L

POMPANO BEACH, FL 33064

FEI Number: 20-4382076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIBEIRO, OSMAR

2649 NE 12TERRACE

POMPANO BEACH, FL 33064 US

RIBEIRO, OSMAR

3185 DOGWOOD LN

MARGATE, FL 33063 US

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.

SIGNATURE: 01/17/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVTS** ( ) Delete Title: **PVTS** (X) Change ( ) Addition RIBEIRO, OSMAR RIBEIRO, OSMAR Name: Name: **2649 NE 12 TERRACE** 3185 DOGWOOD LN Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 RIBEIRO, OSMAR
 Name:
 RIBEIRO, OSMAR

 Address:
 2649 NE 12 TERRACE
 Address:
 3185 DOGWOOD LN

 City-St-Zip:
 POMPANO BEACH, FL 33064
 City-St-Zip:
 MARGATE, FL 33063

 $\label{eq:title:v} {\sf Title:} \qquad {\sf V} \qquad {\sf (\ )\ Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)\ Change\ (\ )\ Addition}$ 

Name: SOARES, PHILIP Q Name: SOARES, PHILIP Q

Address: 761 SIESTA KEY CIRCLE, APT. 1718 Address: 761 SIESTA KEY CIR APT # 1718 City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMAR RIBEIRO MR. 01/17/2007