

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90108 031 ***150.00

DOCUMENT # P06000040418 1. Entity Name LOS PERRONES CARPENTRY INC.			
Principal Place of Business 603 CLARONO CIR MOUNT DORA, FL 32757 US		Mailing Address PO BOX 657 MOUNT DORA, FL 32756 US	
2. Principal Place of Business - No P.O. Box # 32744 Scenic Hills Drive Suite, Apt. #, etc.		3. Mailing Address 657 P.O. Box Suite, Apt. #, etc.	
City & State Mount Dora, FLORIDA Zip 32757		City & State Mount Dora, FLORIDA Zip 32757	
Country U.S.A.		Country U.S.A.	
4. FEI Number 04-3850672		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNGUIA-BAROCIO, VICTOR H SR. 603 CLARONO CIR MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <small>Signature of Agent or Officer required for this report and fee is applicable. (MORE: 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MUNGUIA-BAROCIO, VICTOR H SR. STREET ADDRESS 603 CLARONO CIR CITY-ST-ZIP MOUNT DORA, FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.			
SIGNATURE:			
SIGNATURE AND OFFICIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40080944



04212008 Chg-P CR2E034 (12/06)

04/21/2008
DATE