

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061468

FILED
Apr 21, 2008
Secretary of State

Entity Name: TRINDADE FINISH CARPENTRY, CORP.

Current Principal Place of Business:

3890 NE 15TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3890 NE 15TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-4805030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAGA, FRANCISCO A
Address: 4780 NE 17TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAGA, FRANCISCO A
Address: 3890 NE 15TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Change (X) Addition
Name: CAMPOS, CARLOS A
Address: 3618 NE 16TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: FRANCISCO A BRAGA

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date