


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90046 015 \*\*\*158.75


**DOCUMENT # P06000064207**  
 1. Entity Name  
**MFH SHEET METAL FABRICATORS, CORP.**



Principal Place of Business      Mailing Address  
**16215 NW 15TH AVE.**      **16215 NW 15TH AVE.**  
**MIAMI, FL 33169**      **MIAMI, FL 33169**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**17901 NW Miami Court**      **17901 NW Miami Court**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**No. Miami Beach, FL**      **No. Miami Beach, FL**  
 Zip      Country      Zip      Country  
**33169**           **33169**           **33169**           **33169**           **33169**           **33169**           **33169**           **33169**           **33169**



01302007      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
**20-4842214**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ESTRADA, FRANCISCO J.**  
**7539 NW 70 ST.**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, HAROL 2033 N W 141 AVENUE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPESTRINI, MARCOS 4376 N W 14 STREET COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESTRADA, FRANCISCO J 15865 SW 147 STREET MIAMI, FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Campestrini, Marcos 4376 NW 14 Street Coconut Creek, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD Estrada, Francisco J. 15865 SW 147 Street Miami, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**  **Francisco J. Estrada** 2/15/07 (305)749-1337  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      VPSTD      Date      Davtime Phone #