2007 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Mar 28, 2007 8:00 am Secretary of State				
DOCUMENT # P06000082924								3-28-2007 9	•		
1. Entity Nam T & T BEI		EZ FINISH CARPEN	TER, CORP.					13-28-2007 s	0013 028	130.0	50
Principal Plac	e of Busine	 SS	Mailing Address	[							
12380 SW 197 TERR MIAMI, FL 33177 US			12380 SW 197 TERR MIAMI, FL 33177 US				40043550				
1200	<u>2 Si</u>	No PA Box #	3. Mailing Address	w 16	8 51	-					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	~			03122007	Chg-P	CR2E034	(12/06)	
City & State		Fiolida	State Laun	Kon	de		4. FEI Number	-5094	327		plied For X Applicable
<sup>21</sup> 3317	<u>n</u>	Country /	<sup>zipl</sup> 33(7)	Count	ZVS			of Status Desired	- Fe	8.75 Ada e Require	
		e and Address of Current F	Registered Agent		Name	R	7. Name and A	Address of New		ent	
BERNARDEZ, TEODORO 12380 SW 197 TERR MIAMI, FL 33177					Street Address (P.O. Bex Number is No Acceptable)						
											8177
8. The above	named ent	ity submits this statement for	the purpose of changing i	its registere	d office or	register	ed agent, or both	, in the State of f	Florida. I am fan	niliar with,	and accept
		FEE IS \$150.00 77 Fee will be \$550.0			cing		00 May Be ed to Fees			RECTOR	C INI 11
TITLE	DP	OFFICERS AND DIRECTORS DP Delete		TITLE	· · · · · · [		ADUITIONS/C	CHANGES TO OF		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	12380 S	RDEZ, TEODORO W 197 TERR 1_ 33177			t address St-ZIP	12	000 Se	168 ST	י רדע	<	
TITLE NAME STREET ADORESS CITY - ST - ZIP	12380 51	RDEZ, MARIA W 197 TERR *L 33177	Delete		t address St-Zip	L24	000 su Mann	166 ST	-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		TITLE NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Mann	<u> </u>		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	] Change	Addition
IITLE NAME STREET ADORESS			Delete		AME TREET ADDRESS				C	] Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP			Delete	TITLE NAME STREE	I				C	] Change	Addition
12. I hereby c indicated of the cor	on this rep poration or or on an at	the information supplied with 1 or or supplemental report is the receiver or trustee empo- tachment with an address, w Signature and Typep or PR	true and accurate and tha wered to execute this repo ith all other like empowere	for the exe t my signatu ort as require ed.	mptions co ure shall ha ed by Chaj	ontained ave the s oter 607	l in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes as if made under and that my nar $3/12/0^{2}$	I further certify r oath; that I am me appears in B	that the ii an officer lock 10 o	nformation or director r Block 11 if

· ·

يريح والمترجع