
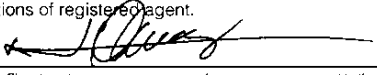


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90174 048 \*\*\*150.00

<b>DOCUMENT # P06000083631</b> 1. Entity Name <b>IVAN FINISH CARPENTRY, INC.</b>					
Principal Place of Business <b>2460 NW 24TH STREET 2ND FLOOR MIAMI, FL 33142</b>			Mailing Address <b>2460 NW 24TH STREET 2ND FLOOR MIAMI, FL 33142</b>		
2. Principal Place of Business - No P.O. Box # <b>150 NW 48 PLACE</b>		3. Mailing Address <b>150 NW 48 PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>20-508 56 66</b>	
Zip <b>33126</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OLIVEROS, IVAN 2460 NW 24TH STREET 2ND FLOOR MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name <b>OLIVEROS, IVAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 NW 48 PLACE</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS OLIVEROS, IVAN 2460 NW 24TH STREET, 2ND FLOOR MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLIVEROS, IVAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 NW 48 PLACE Miami FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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:  President 4/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR