


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90009 035 ***150.00

DOCUMENT # P06000094991																													
1. Entity Name H & G FINISH CARPENTRY INSTALLATION, INC.																													
Principal Place of Business 15455 SW 74TH CIRCLE CT 1104 MIAMI, FL 33193			Mailing Address 15455 SW 74TH CIRCLE CT 1104 MIAMI, FL 33193																										
2. Principal Place of Business - No P.O. Box # 365 SW 50TH AVE			3. Mailing Address 365 SW 50TH AVE																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State MIAMI FL			City & State MIAMI FL																										
Zip 33134		Country USA		4. FEI Number 20-5223141																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEYVA, HELIODORO 15455 SW 74TH CIRCLE CT 1104 MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: <u>HELIODORO LEYVA</u> Street Address (P.O. Box Number is Not Acceptable): <u>365 SW 50TH AVE</u> City: <u>MIAMI</u> FL Zip Code: <u>33134</u>																										
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: <u>[Signature]</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: _____ Daytime Phone #: _____																													