

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/

**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-16-2007 90084 002 \*\*\*150.00

**DOCUMENT # P06000145048**

1. Entity Name  
**GUILLERMO P. CHOW FINISH CARPENTRY, INC.**



Principal Place of Business  
**10962 SW 6 STREET  
MIAMI, FL 33174 US**

Mailing Address

**10962 SW 6 STREET  
MIAMI, FL 33174 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-5912002**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHOW, GUILLERMO P  
10962 SW 6 STREET  
MIAMI, FL 33174**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZP	P CHOW, GUILLERMO P 10962 SW 6 STREET MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<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 no address, with all other like empowered.

**SIGNATURE:**

(Signature and typed or printed name of signing officer or director)

**4/12/2007 (305) 322-7039**

Date

Daytime Phone #