

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90033 026 \*\*\*150.00

<b>DOCUMENT # P07000045146</b> 1. Entity Name <b>NAMIR CARPENTRY, INC</b>			
Principal Place of Business <b>5165 ISLAND CLUB DRIVE TAMARAC, FL 33319</b>		Mailing Address <b>5165 ISLAND CLUB DRIVE TAMARAC, FL 33319</b>	
2. Principal Place of Business - No P.O. Box # <b>6190 NW 173rd ST</b> Suite, Apt. #, etc. <b>616</b>		3. Mailing Address <b>6190 NW 173rd ST</b> Suite, Apt. #, etc. <b>616</b>	
City & State <b>HIALEAH, FL</b>		City & State <b>HIALEAH, FL</b>	
Zip <b>33015</b> Country <b>US</b>		Zip <b>33015</b> Country <b>US</b>	
4. FEI Number <b>20-8821371</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TEHERAN, ELVIS 5165 ISLAND CLUB DRIVE TAMARAC, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>TEHERAN ELVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6190 NW 173rd ST #616</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33015</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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>02/27/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEHERAN, ELVIS 5165 ISLAND CLUB DRIVE TAMARAC, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TEHERAN, ELVIS</b> <b>6190 NW 173rd ST #616</b> <b>HIALEAH, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEIVA, HERNAN 5165 ISLAND CLUB DRIVE TAMARAC, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>LEIVA, HERNAN</b> <b>6190 NW 173rd ST #616</b> <b>HIALEAH, FL 33015</b>
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>02/28/08</b> Daytime Phone # <b>(765) 200-5923</b>	