

FILED
Apr 25, 2008 8:00 am
Secretary of State


400808UU



03172008 Chg-P CR2E034 (12/06)

4. FFI Number 20-8960531	Applied For
	Not Applicable

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

<p>DOCUMENT # P07000051606</p> <p>1. Entity Name FINE WOOD MANUFACTURER, INC.</p>	
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Principal Place of Business	Mailing Address
8454 NW 58 STREET DORAL, FL 33166	8454 NW 58 STREET DORAL, FL 33166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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HERNANDEZ, ALCIDES 8454 NW 58 STREET DORAL, FL 33166	Name
	Street Address
	City

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 reinstating.) DATE: _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, ALCIDES		NAME		
STREET ADDRESS	1654 NW 19TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33125		CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, ALCIDES		NAME		
STREET ADDRESS	1654 NW 19TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33125		CITY - ST - ZIP		

TITLE	-	<input type="checkbox"/> Delete	TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Figure #