


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90002 040 ***150.00

DOCUMENT # P07000078655	
1. Entity Name ML WOODWORK, INC.	

Principal Place of Business 2027 SW 15TH STREET APT 172 DEERFIELD BEACH, FL 33442	Mailing Address 2027 SW 15TH STREET APT 172 DEERFIELD BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # 4609 NW 3RD AV Suite, Apt. #, etc.	3. Mailing Address 4609 NW 3RD AV Suite, Apt. #, etc.
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City & State POMPANO BEACH-FL Zip 33064 Country US	City & State POMPANO BEACH-FL Zip 33064 Country US
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08082008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0517414	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EUSTAQUIO DE LIMA, MARCOS 2027 SW 15TH STREET APT 172 DEERFIELD BEACH, FL 33442	
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7. Name and Address of New Registered Agent Name EUSTAQUIO DE LIMA MARCOS Street Address (P.O. Box Number is Not Acceptable) 4609 NW 3RD AV City POMPANO BEACH FL Zip Code 33064	
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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 <i>E. MARCOS DE LIMA</i> DATE <i>08/08/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EUSTAQUIO DE LIMA, MARCOS 2027 SW 15TH STREET APT 172 DEERFIELD BEACH, FL 33442 <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
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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.	
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SIGNATURE: <i>E. MARCOS DE LIMA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>08/08/08</i> <small>Date</small>	PHONE: <i>(954) 708-9925</i> <small>Daytime Phone #</small>
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