2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000111292 1. Entity Name FILED TRIPLE S DESIGN CARPENTRY, INC. SECRETARY OF STATE DIVISION OF CORPORATIONS Principal Place of Business Mailing Address 08 JUN 16 PM 4: 54 7925 NW 12TH STREET 4805 NW 7TH STREET **SUITE 330** SUITE 208 DORAL, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 20*5*5 SW122ave Me Suite, Apt. #, etc. Suite, Apt. #, etc. 06052008 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JULIA, EVELYN Street Address (P.O. Box Number is Not Acceptable) **7925 NW 12TH STREET** DORAL, FL 33126 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 secretary, ☐ Delete TITLE TITLE Change ☐ Addition Evelyn Julia JULIA, EVELYN NAME NAME 79257NW 12+45+#330 STREET ADDRESS 7925 NW 12TH STREET STREET ADDRESS Doval FL 33126 CITY-ST-ZIP DORAL, FL 33126 CITY-ST-78P VP Vresident TITLE ☐ Delete TITLE ☐ Addition Eutiquio Sainz **EUTIQUIO, SAINZ** NAME NAME 2055 SW12211 AVE # 312 STREET ADDRESS 2055 SW 122ND AVENUE SUITE 312 STREET ADDRESS miami, FL 33175 Vice President CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE □ Delete TITLE Addition ☐ Change Richard Hewi NAME NAME 7520 SW 29St STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP miami TITLE Delete TITLE NAME NAME 700131447647 06/18/08--01037--011 **61 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-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 strue 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 a other like empowered. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR