


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000072568</b>		
1. Entity Name <b>DURABLE WOODWORKS INC.</b>		
Principal Place of Business <b>2323 NW 72 AVENUE MIAMI, FL 33122 US</b>	Mailing Address <b>2323 NW 72 AVENUE MIAMI, FL 33122 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ZAPANTIS, WILLIAM 8912 NW 150 TERRACE MIAMI, FL 33016</b>		<b>DO NOT WRITE IN THIS SPACE</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 (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAPANTIS, GRICELIA 8912 NW 150 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAPANTIS, VASILIOS 8912 NW 150 TERRACE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAM, ZAPANTIS 8912 N.W. 150 TERR. MIAMI, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u><i>William Zapantis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7-3-07</u> <u>305-716 0077</u> <small>Date Daytime Phone #</small>



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0446929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**