


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 020 ***150.00

DOCUMENT # P94000049059					
1. Entity Name WOOD YOU OF LAUDERHILL, INC.					
Principal Place of Business 5344 N. UNIVERSITY DR LAUDERHILL FL 33351 US			Mailing Address 6056 NW 83RD TERR PARKLAND FL 33067 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0504852	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWELL, PAUL D 101 LAWRENCE BLVD. SUITE 201 NEWELL BLDG. KEYSTONE HEIGHTS FL 32656			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAPER, H E		NAME	<i>Parkland, FL</i>	
STREET ADDRESS	6056 NW 83RD. TERRACE		STREET ADDRESS	<i>Parkland, FL</i>	
CITY-ST-ZIP	POMPANO BEACH FL 33067		CITY-ST-ZIP	<i>Parkland, FL</i>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAPER, PATRICIA S		NAME	<i>Parkland, FL</i>	
STREET ADDRESS	6056 NW 83RD. TERRACE		STREET ADDRESS	<i>Parkland, FL</i>	
CITY-ST-ZIP	POMPANO BEACH FL 33067		CITY-ST-ZIP	<i>Parkland, FL</i>	
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		
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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 exemption stated in Section 119.07(3)(i), 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: <i>H-E Draper</i>			Date: <i>4/15/05</i> Daytime Phone #: <i>554-753-3420</i>		