

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 035 ***150.00

DOCUMENT # P95000004398 1. Entity Name A MASTERS WOODWORK, INC.					
Principal Place of Business 7838 NW 57TH ST. MIAMI, FL 33166			Mailing Address 7838 NW 57TH ST. MIAMI, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0559120	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALVAREZ, ALBERTO 7915 EAST DR. APT 1-K NORTH BAY VILLAGE, FL 33141			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 _____ Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when executing)					
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaigns Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ALVAREZ, ALBERTO 7915 EAST DR APT 1-K NORTH BAY VILLAGE, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ALVAREZ, ANGELA 7915 EAST DR APT 1-K NORTH BAY VILLAGE, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(4), 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: PRES. 4/27/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					