

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000054686</b>	
1. Entity Name <b>THE THREE CRAFTSMEN, INC.</b>	



Principal Place of Business <b>2245 W. MCNAB ROAD POMPANO BEACH, FL 33069</b>	Mailing Address <b>2245 W. MCNAB ROAD POMPANO BEACH, FL 33069</b>
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0595961</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MAZO, MIGUEL 2245 W MCNAB ROAD #40 POMPANO BEACH, FL 33069</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZO, MIGUEL 2245 W. MCNAB ROAD POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZO, ESTHER 2245 W MCNAB ROAD #40 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAZO, RICARDO 2245 W MCNAB ROAD BAY 40 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZO, LUIS M 2245 W MCNAB ROAD #40 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/01/06 80001-009 150.00

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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: *Esther Mazo* **2/13/06** (84) 978 3077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #