

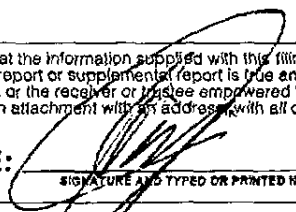


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000102275			
1. Entity Name MONZON WOOD FINISHES, CORP.			
Principal Place of Business 1018 S.W. 136TH PLACE MIAMI, FL 33184	Mailing Address 1018 S.W. 136TH PLACE MIAMI, FL 33184		
DO NOT WRITE IN THIS SPACE			
		02282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0797891	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONZON, CARLOS 1018 S.W. 136TH PLACE MIAMI, FL 33184		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000467793 03/24/06-80005-016 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONZON, CARLOS M 1018 S.W. 136TH PLACE MIAMI, FL 33184		
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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: 		2/28/2006 (305)207-8137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	