

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P97000107573 1. Entity Name M & R WOOD SHAVINGS INC.																																																																																																					
Principal Place of Business 13701 S.W. 18TH CT DAVIE FL 33325			Mailing Address 13701 S.W. 18TH CT DAVIE FL 33325																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		4. FEI Number 65-0805431																																																																																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																			
6. Name and Address of Current Registered Agent SANTIAGO, AMILCAL 13701 S.W. 18TH CT DAVIE FL 33325				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																	
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.				FL Zip Code																																																																																																	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD SANTIAGO, AMILCAL</td> <td></td> <td>STREET ADDRESS</td> <td>U00000437483</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>13701 S.W. 18TH CT DAVIE FL 33325</td> <td></td> <td>CITY-ST-ZIP</td> <td>02/28/06-80043-013 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD SANTIAGO, RAMON</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13701 S.W. 18TH CT DAVIE FL 33325</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD SANTIAGO, INEZ</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13701 S.W. 18TH CT DAVIE FL 33325</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	PD SANTIAGO, AMILCAL		STREET ADDRESS	U00000437483		CITY-ST-ZIP	13701 S.W. 18TH CT DAVIE FL 33325		CITY-ST-ZIP	02/28/06-80043-013 150.00		TITLE	VD SANTIAGO, RAMON	☐ Delete	TITLE		☐ Change ☐ Add	STREET ADDRESS	13701 S.W. 18TH CT DAVIE FL 33325		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	STD SANTIAGO, INEZ	☐ Delete	TITLE		☐ Change ☐ Add	STREET ADDRESS	13701 S.W. 18TH CT DAVIE FL 33325		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Amilcal Santiago*