2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000018459

1. Entity Name
LINCOLN FRAMING, CORP.

Principal Place of Business	Mailing Address
8550 NW 4 ST PEMBROKE PINES, FL 33024 US	8550 NW 4 ST PEMBROKE PINES, FL 33024 US

DO NOT WRITE IN THIS SPACE

02222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0815062	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LINCOLN
8550 NW 4 ST
PEMBROKE PINES, FL 33024

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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, 2008 Fee will be $550.00

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

U00000944483
05/29/08-80101-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	MARTINEZ, LINCOLN	
STREET ADDRESS	8550 NW 4 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
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 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: _____ PRESIDENT 4/29/8 (954) 443-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

LINCOLN MARTINEZ