

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019658

FILED
Apr 13, 2004
Secretary of State

Entity Name: ALEX K STAIRS & WOODSHOP, INC.

Current Principal Place of Business:

2060 S.W. 71TERRACE
E-6
N, FL 33317

New Principal Place of Business:

3784 SW 30 AVE
HOLLYWOOD, FL 33312

Current Mailing Address:

5501 S.W. 44TH TERRACE
FT LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 65-0816749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRA, ALEXANDRU
5501 SW 44 TERRACE
FT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KIRA, ALEXANDRU
Address: 5501 S.W. 44TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: VP () Delete
Name: KIRA, MARIANIA
Address: 5501 SW 44 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRU KIRA

PSTD

04/13/2004

Electronic Signature of Signing Officer or Director

_____ Date