


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000067555	
1. Entity Name WOODWORKERS INTERNATIONAL, INC.	

Principal Place of Business 4040 N.W. 1ST AVENUE BOCA RATON, FL 33431	Mailing Address 4040 N.W. 1ST AVENUE BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0855191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TRUCCHIO, FRANK
4040 N.W. 1ST AVENUE
BOCA RATON, FL 33431**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when releasing)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000171171 08/30/04 80007-013 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRUCCHIO, FRANK 16335 SW 103 ST MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, SERGIO 18937 CLOUDLARE CIR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRUCCHIO, FRANK 16335 SW 103 STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 19.07(3)(f), 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 807, 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: Frank Trucchio **7/20/04 5613477122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #