


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90021 026 ***150.00

DOCUMENT # P99000025813	
1. Entity Name L.S. WOODWORK INC.	

Principal Place of Business 6465 WEST 24TH AVENUE #103 HIALEAH, FL 33016	Mailing Address 6465 WEST 24TH AVENUE #103 HIALEAH, FL 33016
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54014574



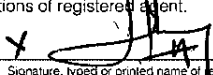
2. Principal Place of Business 2775 WEST 62 ST Suite, Apt. #, etc. 202 City & State HIALEAH, FL., Zip 33016 Country USA	3. Mailing Address 2775 WEST 62 ST Suite, Apt. #, etc. 202 City & State HIALEAH, FL., Zip 33016 Country USA
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02142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0924101	Applied For Not Applicable
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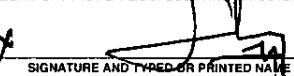
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, LUIS A 6465 WEST 24TH AVENUE, APT #103 HIALEAH, FL 33016	7. Name and Address of New Registered Agent Name SANCHEZ, LUIS A. Street Address (P.O. Box Number is Not Acceptable) 2775 WEST 62 ST. APT. 202 City HIALEAH FL Zip Code 33016
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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  LUIS A. SANCHEZ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PRESIDENT DATE 2/14/04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, LUIS A 6465 WEST 24TH AVENUE, APT #103 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, LUIS A. 2775 WEST 62 ST. APT. 202 HIALEAH, FL., 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  LUIS A. SANCHEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date 2/14/04 (305) 512-3439 Daytime Phone #	