


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 013 ***150.00

DOCUMENT # P99000025813 1. Entity Name L.S. WOODWORK INC.					
Principal Place of Business 6751 N ARMENIA AVENUE TAMPA, FL 33604			Mailing Address 6751 N ARMENIA AVENUE TAMPA, FL 33604		
2. Principal Place of Business - No P.O. Box # 29734 MORNING MIST DR		3. Mailing Address 542 SW 12TH AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 5			
City & State WESLEY CHAPEL, FL.		City & State MIAMI, FL.		4. FEI Number 65-0924101	
Zip 33543		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33130		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, LUIS A 2775 WEST 62 ST APT. 202 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name SANCHEZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 29734 MORNING MIST DR. City WESLEY CHAPEL FL 33543		
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 X LUIS A. SANCHEZ PRESIDENT 4/22/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, LUIS A 2775 WEST 62 ST., APT. 202 HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, LUIS A. 29734 MORNING MIST DR. WESLEY CHAPEL, FL., 33543	<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
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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: X LUIS A. SANCHEZ PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/22/07 (813) 635-6401 <small>Date Daytime Phone #</small>		

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