


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90137 031 \*\*\*150.00

DOCUMENT # P99000025813

1. Entity Name  
**L.S. WOODWORK, INC.**



Principal Place of Business Mailing Address

**3530 WEST 74TH STREET, MIAMI, FLORIDA, 33018** **3530 WEST 74TH STREET, MIAMI, FLORIDA, 33018**

2. Principal Place of Business 3. Mailing Address

**6465 WEST 24TH AVENUE, # 103** **6465 WEST 24TH AVENUE, # 103**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**# 103** **# 103**

City & State City & State

**HIALEAH, FLORIDA,** **HIALEAH, FLORIDA,**

Zip Country Zip Country

**33016 U.S.A.** **33016 U.S.A.**

4. FEI Number Applied For

**65-0924101**  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANCHEZ, LUIS A.**  
**3530 WEST 74TH STREET,**  
**MIAMI, FLORIDA, 33018**

7. Name and Address of New Registered Agent

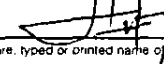
Name **SANCHEZ, LUIS A.**

Street Address (P.O. Box Number is Not Acceptable)  
**6465 WEST 24TH AVENUE, APT # 103**

City **HIALEAH,** FL Zip Code **33016**

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.

**LUIS A. SANCHEZ**  
**PRESIDENT.**

SIGNATURE   DATE **03/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, LUIS A. 3530 WEST 74TH STREET, MIAMI, FLORIDA, 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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, FLORIDA, 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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** **PRESIDENT** DATE **03/22/03** DAYTIME PHONE # **(305) 634-3420**

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

CP/PC/03/11/03/02