

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90076 042 \*\*\*150.00

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03112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000062995</b> 1. Entity Name <b>DESIGN SOLUTIONS WOODWORK, INC.</b>					
Principal Place of Business <b>2421 SW 56 TERRACE HOLLYWOOD, FL 33023</b>			Mailing Address <b>2421 SW 56 TERRACE HOLLYWOOD, FL 33023</b>		
2. Principal Place of Business <b>1064 NW 3RD STREET</b>		3. Mailing Address <b>1064 NW 3RD STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HALLANDALE, FL</b>		City & State <b>HALLANDALE, FL</b>		4. FEI Number <b>65-0947204</b>	
Zip <b>33009</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33009</b>		Country <b>BROWARD</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOLENTINO, JOSE I 88-50 NW 7CT. PEMBROKE PINES, FL 33024</b>			7. Name and Address of New Registered Agent Name <b>MARIO ABREU</b> Street Address (P.O. Box Number is Not Acceptable) <b>8317 SW 23RD CT</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</b>		
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 <b>MARIO ABREU</b> <span style="float: right;">03/13/2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TOLENTINO, JOSE I</b> <input type="checkbox"/> Delete <b>8850 NW 7CT</b> <b>HOLLYWOOD, FL 33024</b>		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	
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	
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:			3/14/05 (954) 967-8884 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					