


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90184 014 \*\*\*150.00

DOCUMENT # P99000062995					
1. Entity Name DESIGN SOLUTIONS WOODWORK, INC.					
Principal Place of Business 2222 SW 58TH WAY WEST PARK, FL 33023			Mailing Address 2222 SW 58TH WAY WEST PARK, FL 33023		
2. Principal Place of Business - No P.O. Box # <b>5801 SW 21 STREET</b>		3. Mailing Address <b>5801 SW 21 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PEMBROKE PINES, FL</b>		City & State <b>PEMBROKE PINES, FL</b>		4. FEI Number <b>65-0947204</b>	
Zip <b>33023</b>		Country <b>BROWARD</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33023</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABREU, MARIO 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 TOLENTINO, JOSE I 8850 NW 7CT HOLLYWOOD, FL 33024 <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	
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: <u>Jose Tolentino</u> <b>JOSE TOLENTINO</b> <u>4/29/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <span style="margin-left: 50px;"><small>Daytime Phone #</small></span></span>					