2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)					Apr 19, 2004 8:00 am		
DOCUMENT # P99000081864 1. Entity Name					Secretary of State 04-19-2004 90324 006 ***150.00		
PG WOODCRAFTS, INCORPORATED					01-19-2001-3032-1-000	130.00	
Principal Plac	e of Business	Mailing Address	_				
316 ELM ST HOLLYWOO	REET DD FL 33019	316 ELM STREET HOLLYWOOD FL 33019			54140×-		
2. Principal Place of Business 3. Mailing Address							
1323	#, etc. WILSON ST	Suite, Apt. #, etc. 2323 WILSON ST		7	MOORE CR2E034 (11/03)		
City & State	icoco, FL	Haurwaa, FL		_	4. FEI Number 65-0947174	Applied For Not Applicable	
330	20 USA	33020	Country	A	Fee	3.75 Additional e Required	
	6. Name and Address of Current	Hegistered Agent	Name		7. Name and Address of New Registered Age		
WOYTS JONATHAN					CHAHTACO TO STAND		
316 ELM STREET, #5				Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33019				2323 WILSON ST			
City Ha				7a	<u> </u>		
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 THE Signature, typed or priviled name of Jegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department or	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	PD		Change Addition	
NAME STREET ADDRESS	WUYTS, JONATHAN P 316 ELM ST. #5		NAME STREET ADDRESS	クマク	YTS I JONATHAN, P 13 WILSON ST		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP	Ha	LY16000, FL, 33020)	
TITLE NAME		☐ Delete	TITLE			Change Addition	
STREET ADDRESS	ŧ		STREET ADDRESS				
TITLE		☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change Addition	
NAME OTREET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with	h this filing does not qualify for		ted in Se	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I am	that the information	
of the co	on this report or supplemental report i rporation or the receiver or trustee emp r, or on an attachment with an address,	lowered to execute this report a	y signature shall h is required by Cha	ave the s opter 607	same legal effect as if made under oath; that I am 7, Florida Statutes; and that my name appears in B	an officer or director Block 10 or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: (

FILED