


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000106829**

1. Entity Name  
**ENMANUEL KITCHEN CABINET, INC.**



Principal Place of Business  
**653 WEST 27TH ST.  
 HIALEAH, FL 33010**

Mailing Address  
**653 WEST 27TH ST.  
 HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0529228**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, VICTOR M  
 653 WEST 27TH ST.  
 HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**

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)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, VICTOR M
STREET ADDRESS	3320 NW 101 ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	SILVA, DORKA
STREET ADDRESS	3320 NW 101 ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/09/07-80047-018 150.00

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:** \_\_\_\_\_ **4/16/07**

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