
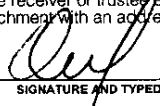


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 025 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 455 West 28 ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State	
Zip 33010		Country	
4. FEI Number 03-0529228		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DJAZ, VICTOR M 653 WEST 27TH ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete DIAZ, VICTOR M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, VICTOR M	NAME	
STREET ADDRESS	3320 NW 101 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SILVA, DORKA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, DORKA	NAME	
STREET ADDRESS	3320 NW 101 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 04/28/08 (786) 457 4331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40105554



04282008 Chg-P CR2E034 (12/06)