

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125526

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: AMERICAN CABINETS DESIGN, INC.

**Current Principal Place of Business:**

4369 SW 75 AVE  
MIAMI, FL 33155

**New Principal Place of Business:**

1730 SW 89 PLACE  
MIAMI, FL 33165

**Current Mailing Address:**

1730 SW 89 PLACE  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 86-1086266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUARTE, JOSE RAMON  
2470 NW 4 ST.  
MIAMI, FL 33125      US

**Name and Address of New Registered Agent:**

DUARTE, JOSE RAMON  
1730 SW 89 PLACE  
MIAMI, FL 33165      US

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.

SIGNATURE: \_\_\_\_\_ 04/24/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMON, DUARTE J  
Address: 1730 SW 89 PLACE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE RAMON DUARTE P 04/24/2009  
Electronic Signature of Signing Officer or Director      Date