

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137247

Entity Name: CABINETS BY ORTIZ INC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

14 HICKORY LOOP
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

14 HICKORY LOOP
OCALA, FL 34472 US

New Mailing Address:

FEI Number: 20-1697284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, JUAN
14 HICKORY LOOP
OCALA, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: ORTIZ, JUAN
Address: 14 HICKORY LOOP
City-St-Zip: Ocala, FL 34472 US

Title: VP D () Delete
Name: ORTIZ, MARIA
Address: 14 HICKORY LOOP
City-St-Zip: Ocala, FL 34472 US

Title: SD () Delete
Name: ORTIZ, JUAN JR
Address: 10603 SE 19TH CT
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JUAN ORTIZ

P D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date