2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 入

Secretary of State DOCUMENT # P05000117525 06-01-2006 90002 019 ***150.00 **TOBÉRAL CABINET & FURNITURES, CORP** Principal Place of Business Mailing Address AULUAUUG 855 SE 8TH CT 855 SE 8TH CT HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 2*0 -3358845* Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTINEZ, JUANA E Street Address (P.O. Box Number is Not Acceptable) 855 SE 8TH CT HIALEAH, FL 33010 Zip Code FL ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registered ag Signature, typed or printed ed agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the П Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete NAME 4 BALMACEDA, ROMAN A NAME STREET ADDRESS 855 SE 8TH CT STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information surplied 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 type of its 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 that grant provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of changed, or on an attachment with with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 01, 2006 8:00 am

Davtime Phone #

ATTACHMENT 50020182

MAY 25, 2006.

FLORIDA DEPARTMENT OF STATE Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Corporate Annual Fee # P05000117525

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment year 2006 according with Uniform Business Report of TOBERAL CABINET & FURNITURES, CORP., a Florida Corporation.

I have not paid Annual Fee Corporation on time because I, don't received the corporate annual report, however I, want to hold the name for future business, at this time I'm waiting for some business licenses application, I have attached annual fee payment check for amount of \$ 150.00.

Should you have any question regarding this matter, please call me at telephone number (305) 772-9661

Sincerely,

TOBERAL CABINET & FURNITURES, CORP

ROMAN A BALMACEDA

Vice-President