2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P05000133872 1. Entity Name SULTANA KITCHEN CABINET INC.					05-02-2006	5 90216 020) ***15(0.00
Principal Place of Business Mailing Address			<u> </u>		3003305	7		
1951 NW 2ND ST 1951 NW 2ND ST MIAMI, FL 33125 MIAMI, FL 33125								
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2. Principal Place of Business 1951 NW DND 64 3. Mailing Address 1951 NW DN			ND 6+					
Suite, Apt.		Suite, Apt. #, etc.		02202006	Chg-P	CR2E034	(11/05)	
City & State	iami, FL	City & State Miami,	FL	4. FEI Numb	36257	21	_ 	plied For Applicable
Zip .	Country Country	33/25	Country		of Status Desired	□ \$8	3.75 Addi e Required	
	6. Name and Address of Current I	 		7. Name and	Address of New I		<u></u>	
GONZALEZ, JIMMY 1951 NW 2ND ST MIAMI, FL 33125			Name					
			Street Add	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								
, SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					i			- 1
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			\$5.00 May Be Added to Fees				
After Ma	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	Trust Fund Contri	bution.	Added to Fees	/CHANGES TO OF		_	
After Ma	officers and DP	Trust Fund Contri	11.	Added to Fees	/CHANGES TO OF		IRECTORS	S IN 11
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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:

Jimmy Sonzalez BIGNATURE AND TRYED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 04/22/06

(-786) 018-186 Daytime Phone #