

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049272

FILED
May 19, 2009
Secretary of State

Entity Name: ROYAL CUSTOM KITCHEN CABINETS, INC.

Current Principal Place of Business:

8120 BELVEDERE ROAD
#6
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8120 BELVEDERE ROAD
#6
WEST PALM BEACH, FL 33411

New Mailing Address:

P.O. BOX 541206
LAKE WORTH, FL 33454

FEI Number: 64-0956053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUZMAN-PATENAUE, GISELLE A
8120 BELVEDERE ROAD #6
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

GUZMAN-PATENAUE, GISELLE A
133 RAINBOW DRIVE
GREENACRES, FL 33463 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: GISELLE GUZMAN-PATENAUE

05/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATENAUE, ALAIN
Address: 133 RAINBOW DRIVE
City-St-Zip: GREENACRES, FL 33463

Title: VPD () Delete
Name: GUZMAN-PATENAUE, GISELLE A
Address: 133 RAINBOW DRIVE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change () Addition
Name: GUZMAN-PATENAUE, GISELLE A
Address: 133 RAINBOW DRIVE
City-St-Zip: GREENACRES, FL 33463

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: ALAIN PATENAUE

PD

05/19/2009

Electronic Signature of Signing Officer or Director

Date