
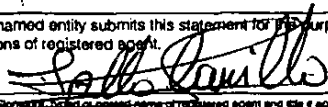
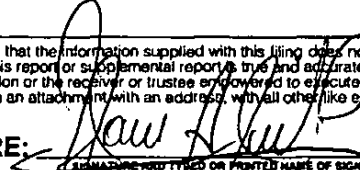


2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 01, 2008 8:00 am
Secretary of State

04-11-2008 90057 012 ***158.75

| | | | |
|---|---|--|--|
| DOCUMENT # P06000097700 | |  | |
| 1. Entity Name JAY'S CABINET SERVICES INC. | | | |
| Principal Place of Business 1737 YUCCA LANE NORTH PORT, FL 34286 | | Mailing Address 1737 YUCCA LANE NORTH PORT, FL 34286 | |
| 2. Principal Place of Business - No P.O. Box # 8639 N Himes Ave Suite, Apt. #, etc. 2801 City & State Tampa | | 3. Mailing Address 8639 N Himes Ave Suite, Apt. #, etc. 2801 City & State Tampa | |
| Zip 33614 | Country Hillsboro | Zip 33614 | Country Hillsboro |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 32301-2960 | | 7. Name and Address of New Registered Agent Name: Alba Carrillo Street Address (P.O. Box Number is Not Acceptable): 8639 N Himes Ave 2801 City: Tampa FL 33614 | |
| 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 understand, the obligations of registered agent. SIGNATURE:  DATE: 4-27-08 <small>Signature of registered agent or person in charge of filing (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JURADO, JAVIER 1737 YUCCA LANE NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Jurado, Javier 8639 N Himes Ave Tampa FL 33614 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 reports 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:  | | Date: _____ Daytime Phone #: _____ | |

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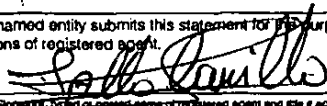


01082008 Chg-P CR2E034 (12/06)

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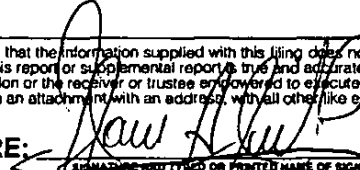
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