2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State
06-19-2008 90001 048 ***150.00

DOCUMENT # V69394

1. Entity Name
GONZALEZ CABINET, INC.

Principal Place of Business	Mailing Address
4867 SW 75TH AVE. MIAMI, FL 33155 US	4867 SW 75TH AVE. MIAMI, FL 33155 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06022008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0360860 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEÑA, FANNY
17914 SW 137TH PL
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GONZALEZ, ROBERTO 17914 SW 137TH PL MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, FANNY 17914 SW 137TH PL MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Fanny Peña FANNY R PEÑA — 6-06-08 — 305-2675433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

GONZALEZ CABINET INC.

9022

40108624

#V69394

Check Number: 9022
Check Date: May 1, 2008
Duplicate
Check Amount: $150.00

Item to be Paid - Description	Discount Taken	Amount Paid
LICENSES AND FEES		150.00

GONZALEZ CABINET INC.
4867 SW 75TH AVENUE
MIAMI, FL 33155
(305) 267-5433

BANK OF AMERICA

63-4/630

9022

DATE May 1, 2008

One Hundred Fifty and 00/100 Dollars

AMOUNT **********$150.00

$

PAY TO THE ORDER OF: Florida Department of State
Division of Corporations

Void

Memo: Document # V69394

AUTHORIZED SIGNATURE