I hereby 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 all other like empowered.

PSD

SIGNATURE: MICHAEL AZZARO

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P0100006023

Entity Name: AZZARO CUSTOM CABINETRY, INC.

#### **Current Principal Place of Business:**

4053 ILEX CIR. N PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

4053 ILEX CIR. N PALM BEACH GARDENS, FL 33410 US

#### FEI Number: 65-1072718

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

AZZARO, MIKE 4053 ILEX CIR. N PALM BEACH GARDENS, FL 33410 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:

Officer/Director Detail :				
Title	PSD	Title	VD	
Name	AZZARO, MICHAEL	Name	AZZARO, STACY	
Address	4053 ILEX CIR. N	Address	4053 ILEX CIR. N	
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410	

### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## 03/19/2014

Certificate of Status Desired: No

Date

#### FILED Mar 19, 2014 Secretary of State CC4575968087

Date