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.

Ρ

SIGNATURE: ANA M AGUADO

Electronic Signature of Signing Officer/Director Detail

2	2019 FLORIDA	PROFIT CORP	ORATION A	NNUAL REPORT

#### DOCUMENT# P16000016909

Entity Name: INNOVATIONS CABINETS CORP

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

1685 W 32ND PL HIALEAH, FL 33012

## **Current Mailing Address:**

8887 FOINTAINBLEU BLVD #406 MIAMI, FL 33172 US

## FEI Number: 81-1481410

## Name and Address of Current Registered Agent:

AGUADO, ANA M 8887 FOUNITAINBLEU BLVD #406 MIAMI, FL 33172 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	Р	Title	VP
Name	AGUADO, ANA M	Name	MORALES, JONATHAN
Address	8887 FOINTAINBLEU BLVD #406	Address	8887 FOINTAINBLEU BLVD #406
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

# FILED Apr 08, 2019 Secretary of State 0109211182CC

Certificate of Status Desired: No

04/08/2019 Date

Date