


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 467089 1. Entity Name MORALMAR KITCHEN CABINETS, INC.	
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Principal Place of Business 3130 W 15TH AVE HIALEAH, FL 33012	Mailing Address 3130 W. 15 AVE HIALEAH, FL 33012
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1566638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, NOELIA E
3130 WEST 15TH AVE.
HIALEAH, FL 33012

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, EDUARDO 3130 W 15TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAEZ, ANDRES 3130 W 15TH AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORENO, NOELIA E 3130 W 15TH AVE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/05-80048-014 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 [Signature] (PRESIDENT) 04/06/05 205-556-1520 #12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #