

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 467089	
1. Entity Name MORALMAR KITCHEN CABINETS, INC.	
Principal Place of Business 3130 W 15TH AVE HIALEAH, FL 33012	Mailing Address 3130 W. 15 AVE HIALEAH, FL 33012



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000946073
05/30/08-80033-022 158.75**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eduardo Moreno, President

(305) 371-9213