

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90075 014 ***150.00

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1. Entity Name
MORRIS MICA CABINETS, INC.



Principal Place of Business
**1920 N.W. 22ND CT.
POMPANO BEACH, FL 33483**

Mailing Address
**1920 N.W. 22ND CT.
POMPANO BEACH, FL 33483**

40075463



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1838902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**J P ASSOCIATES
6021 NW 31ST AVE
FORT LAUDERDALE, FL 33309**

**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, name, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WONG, WESLEY B
STREET ADDRESS	10955 CHRISTOPHER AVE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	WONG, TYRONE
STREET ADDRESS	17545 WEEPING WILLOW TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	WONG LOY, ALLAN
STREET ADDRESS	9646 OHIO PL
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	WONG, CARLYSLE
STREET ADDRESS	9646 OHIO PL
CITY-ST-ZIP	BOCA RATON, FL 33434
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-07 95496838