

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54180

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CARY'S KITCHEN CABINETS INC.

## Current Principal Place of Business:

2795 W 78 ST.  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

2795 W 78 ST.  
HIALEAH, FL 33016

## New Mailing Address:

FEI Number: 59-2172446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, CARY M MRS.  
8201 NW 169 TERR  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

RODRIGUEZ, CARY M MRS.  
19304 W LAKE DR  
HIALEAH, FL 33015 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MERIDA, JORGE A MR.  
Address: 9928 N.W. 133 ST. HIALEAH  
City-St-Zip: GARDEN, FL 33016

Title: PD ( ) Delete  
Name: MERIDA, HIGINIO MR.  
Address: 7801 NW 160 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MD ( ) Delete  
Name: RODRIGUEZ, CARY M MRS.  
Address: 8201 NW 169 TERR.  
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete  
Name: MERIDA, CLARA D MRS.  
Address: 9928 N.W. 133 ST.  
City-St-Zip: HIALEAH GARDEN, FL 33018

Title: T ( ) Delete  
Name: MOLINA, MILAY M MRS.  
Address: 351 EAST 57 STREET  
City-St-Zip: HIALEAH, FL 33013

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: RODRIGUEZ, CARY M MRS.  
Address: 19304 W LAKE DR  
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARY M. RODRIGUEZ

MRS

04/30/2008

Electronic Signature of Signing Officer or Director

Date