2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F54180

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.
19304 W LAKE DR
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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 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: 19304 W LAKE DR
City-St-Zip: HIALEAH, FL 33015

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: MERIDA, HIGINIO MR.
Address: 2795 W 78 ST
City-St-Zip: HIALEAH, FL 33016

Title: TMD (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 TMD 04/29/2009

Electronic Signature of Signing Officer or Director Date