

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # K16461 1. Entity Name LUXURY CABINET MAKERS, INC.	
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Principal Place of Business P.O. BOX 430426 BIG PINE KEY, FL 33043	Mailing Address P.O. BOX 430426 BIG PINE KEY, FL 33043
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01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0035259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMMA, JAMES P.
 3041 PINE AVE
 LAST HOSUE ON RIGHT
 BIG PINE KEY, FL 33043

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SOMMA, JAMES P. PO BOX 430426 BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOMMA, JEANNE P.O. BOX 430426 N/A BIG PINE KEY, FL 33043
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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: James P. Somma James P. Somma 1/30/07 305 872 4550
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #