

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90035 012 ***150.00

DOCUMENT # K27609

1. Entity Name

J & J CABINETS, INC.

Principal Place of Business	Mailing Address
% RICHARD FERRUGGIA & KATHY S. FERRUGGIA 1109 N. 6TH AVENUE LAKE WORTH FL 33460	% RICHARD FERRUGGIA & KATHY S. FERRUGGIA 1109 N. 6TH AVENUE LAKE WORTH FL 33460

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0072878	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FERRUGGIA, RICHARD R., & KATHY S. FERRUGGIA 1109 N. 6TH AVENUE LAKE WORTH FL 33460	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERRUGGIA, RICHARD R. 4316 KENT AVENUE LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRUGGIA, RICHARD R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7576 RED RIVER RD. WEST PALM BEACH FL. 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERRUGGIA, KATHY S. 4316 KENT AVENUE LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRUGGIA KATHY S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7576 RED RIVER RD. WEST PALM BEACH FL. 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 561-588-0572
Date Daytime Phone #

CR2E034 (9/01)