


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90029 027 \*\*\*150.00

**DOCUMENT # K34616**

1. Entity Name  
 HI-TECH CABINETS, INC.



Principal Place of Business  
 7700 W OKEECHOBEE RD  
 BAY 3  
 HIALEAH GARDENS, FL 33016 US

Mailing Address  
 7700 WEST OKEECHOBEE ROAD  
 BAY 3  
 HIALEAH GARDENS, FL 33016-2116 US

2. Principal Place of Business  
 2540 W 84 Street  
 Suite, Apt. #, etc.  
 Bay 3  
 City & State  
 Hialeah, FL  
 Zip  
 33016 Country  
 USA

3. Mailing Address  
 2540 W 84 Street  
 Suite, Apt. #, etc.  
 Bay 3  
 City & State  
 Hialeah, FL  
 Zip  
 33016 Country  
 USA



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4. FEI Number  
 65-0081768 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SANCHEZ, ANTHONY  
 2920 S.W. 139TH AVENUE  
 BAY 1-Q  
 MIAMI, FL 33175

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS: SANCHEZ, ANTHONY 2920 S.W. 139TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Anthony Sanchez* **Anthony Sanchez** **President** **05/15/06** **(305) 558-8691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #