

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34816

FILED  
May 21, 2007  
Secretary of State

Entity Name: SHOWCASE CUSTOM CABINETS, INC.

**Current Principal Place of Business:**

10445 SW 184 TERR  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10445 SW 184 TERR  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 65-0081240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, WADE C.  
234 NORTH KROME AVENUE  
HOMESTEAD, FL 33130 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: DP ( ) Delete  
Name: CLEMENTS, THOMAS,  
Address: 9195 SW 115 TERR.  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: WISE, GARFIELD  
Address: 13850 SW 268 ST , APT 102, BLD#15  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: THOMAS CLEMENTS

PRES

05/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date