2007 LIMITED LIABILITY COMPANY SANNUAL REPORT

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DOCUMENT # L05000057320

Entity Name

CABINETS & MILLWORK INDUSTRIES, LLC



US

FILED Feb 22, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2313 NW 30TH PLACE POMPANO BEACH, FL 33069

9 US

2313 NW 30TH PLACE POMPANO BEACH, FL 33069

01102007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number Applied For 20-2974397 Not Applicable

5. Certificate of Status Desired S5.00 Additional

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

6. Name and Address of Current Registered Agent

WALDEN CERTIFIED PUBLIC ACCOUNTANT, P.A. 4800 NORTH FEDERAL HIGHWAY SUITE #301-A BOCA RATON, FL 33431

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the obligat	tions of registered agent.	
SIGNATURE_	Signature, typed or printed name of registered agent and title il applicable	(NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRY-AMIN, NADER 2313 NW 30TH PLACE POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRY-AMIN, CRYSTEL 2313 NW 30TH PLACE POMPANO BEACH, FL 33069	000000644677 03/02/07-80053-013 50.00 \
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to precute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE