

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099478

Entity Name: ALPHA CABINETS, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

1081 NW 53 STREET  
FORT LAUDERDALE, FL 333093161 US

**New Principal Place of Business:**

**Current Mailing Address:**

1081 NW 53 STREET  
FORT LAUDERDALE, FL 333093161 US

**New Mailing Address:**

FEI Number: 20-3597979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BARBER, ROBERT A  
1081 NW 53 STREET  
FORT LAUDERDALE, FL 333093161 US

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARBER, ROBERT A  
Address: 5331 NE 33 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333083420 US

Title: MGRM ( ) Delete  
Name: BARBER, SHIRLEY J  
Address: 5331 NE 33 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333083420 US

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHIRLEY J. BARBER

MGMR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date