2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005475

Entity Name: INTEGRAL CABINETS SOLUTIONS, LLC

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 NW 99 AVE 10302 NW SOUTH RIVER DR MIAMI, FL 33172 US MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

2100 NW 99 AVE 10302 NW SOUTH RIVER DR MIAMI, FL 33172 US MIAMI, FL 33178 US

FEI Number: 20-4125456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALVAREZ, EDUARDO
2100 NW 99 AVE
MIAMI, FL 33172 US

ALVAREZ, EDUARDO
10613 NW 57ST
MIAMI, FL 33178 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: EDUARDO ALVAREZ 02/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: PATRUNO, NICOLA Name: SANABRIA, ANDREINA

 Name:
 PATRUNO, NICOLA
 Name:
 SANABRIA, ANDREIN

 Address:
 2100 NW 99 AVE
 Address:
 2100 NW 99 AVE

 City-St-Zip:
 MIAMI, FL 33172 US
 City-St-Zip:
 MIAMI, FL 33172 US

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 LARA, RICARDO
 Name:

 Address:
 2100 NW 99 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREINA SANABRIA MGR 02/22/2007