


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M63774**

1. Entity Name  
**CHACHO KITCHEN CABINETS, INC.**



Principal Place of Business      Mailing Address

**507 WEST 27 ST**      **507 WEST 27 ST**  
**HIALEAH, FL 33010 US**      **HIALEAH, FL 33010 US**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

6. Name and Address of Current Registered Agent

**IVONNE SARMIENTO**  
**507 WEST 27TH STREET**  
**HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARMIENTO, IVONNE 18822 NW WAY MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARMIENTO, JESUS 18822 NW 79 WAY MIAMI, FL 33015
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 03/21/06-80024-015 150.00

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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: *Ivonne Sarmiento*      01-11-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #