

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004421 1. Entity Name KITCHEN & BATH CABINET REFACING, INC.	
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Principal Place of Business 1632 WEST 31 PLACE HIALEAH, FL 33012	Mailing Address 1632 WEST 31 PLACE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

05132004 No Chg-P CR2E034 (10/03)

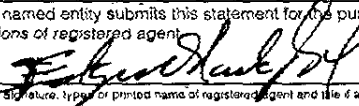
4. FEI Number 65-0982878	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, EDGAR O
16567 SW 68 TERR
MIAMI, FL 33193**

**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:  DATE: **08/25/04.**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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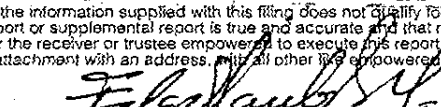
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, EDGAR O 16567 SW 68 TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIZARAZO, NOHORA J 16567 SW 68 TERR MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000171129
08/30/04-80005-010 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  DATE: **08/25/04 (305) 342-5173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR