FOR PROFIT CORPORATION

Jun 02, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P00000025635 06-02-2003 90189 019 ***150.00 ach Wood CoSINRTS, INC. 90138382 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 10012 NW 80 AVR 10012 NW 80 AVR Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-099 HIALERY GARDENS SARDENS Not Applicable \$8.75 Additional 33016 5. Certificate of Status Desired 3016 Fee Required 7. Name and Address of Current Registered Agent Sancher DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5350 NW 183 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE PYST TIT! F NAME SANCHEZ, JUAN NAME STREET ADDRESS 5350 NW 183 ST STREET ADDRESS MIANI, FL 33055 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE DEL PRAdo, Odalys C. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information supplied indicated on this report or supplemental report is of the corporation or the receiver or tru attachment with an address, with all

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City-St-ZiP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30J-698-ITD8

CR2E034B (12/02)

Affachment 90138382

Teck Wood Cabinets, Inc. 10012 NW 80 Ave. Hialah Gardens – Florida - 33016 PHONE (305) 698-3508

May 28, 2003

DEPARTMENT OF STATE

REF: DOCUMENT # P00000025635

This note is to inform that the last year I did not receive any form to renew the UBR 2003.

On December 2002 we move to a new place because lack of business to a smaller place and I think that we did not report this change to your office.

And now that I want to make the taxes, the accountant informed me that I owe this UBR renewal.

Please take note of my new address:

Tech Wood Cabinets, Inc. 10012 NW 80 Ave. Hialeah Gardens - Florida - 33016 PHONE (305) 698-3508

PLEASE ACCEPT MY PAYMENT AND LATENESS I am sending check # 3772 for \$150.00 that is payment for year 2003.

And please change my address in your records.

THANKS FOR YOUR HELP