

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000029202

1. Entity Name  
ALJANY KITCHEN & CABINET, INC.



**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90074 040 \*\*\*150.00

Principal Place of Business

1710 WEST 40 STREET #3  
HIALEAH, FL 33012

Mailing Address

1710 WEST 40 STREET #3  
HIALEAH, FL 33012

2. Principal Place of Business

3155 W 81 street  
Suite, Apt. #, etc.

3. Mailing Address

3155 W 81 street  
Suite, Apt. #, etc.



03012005 Chg-P CR2E034 (10/03)

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

65-0993211

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ALEXIS  
4490 WEST 19 COURT  
APT. 511-B  
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GARCIA, ALEXIS  
STREET ADDRESS 4490 WEST 19 COURT APT. 511-B  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SDVP ☐ Delete  
NAME GARCIA, MARIA J  
STREET ADDRESS 4490 W. 19 COURT, APT 511-B  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/05 305-819-3266