

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000092164

1. Entity Name

B & B KITCHEN CABINETS, CORP.



Principal Place of Business

**2517 NW 21 TERRACE
UNIT 9
MIAMI FL 33142**

Mailing Address

**2517 NW 21 TERRACE
UNIT 9
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1048589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAZAIL, RODOLFO
3040 NW 19TH ST.
MIAMI FL 33125**

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

2/19/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
**P BAZAIL, RODOLFO
3040 NW 19TH ST
MIAMI FL 33125** ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
**U000000061155
02/23/04-80068-022 150.00**

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

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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 #

02/19/04