


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90031 046 \*\*\*150.00

<b>DOCUMENT # P00000092164</b>		
1. Entity Name <b>B &amp; B KITCHEN CABINETS, CORP.</b>		

Principal Place of Business <b>2517 NW 21 TERRACE UNIT 9 MIAMI, FL 33142</b>	Mailing Address <b>2517 NW 21 TERRACE UNIT 9 MIAMI, FL 33142</b>
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**50056798**

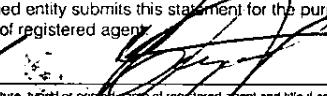
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1048589</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BAZAIL, RODOLFO 3040 NW 19TH ST. MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

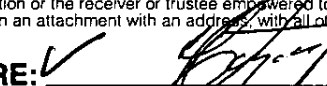
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAZAIL, RODOLFO 3040 NW 19TH ST MIAMI, FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

MENT

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July 17, 2005

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
GLENDA E HOOD  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

Please find attached the check for my company annual report.  
I never received the original application, due to an error on my bay. Instead of number 9 is number 7.

If any additional information is needed please do not hesitate to contact me at your earliest convenience.

Sincerely,

  
\_\_\_\_\_  
Rodolfo Bazail  
President