
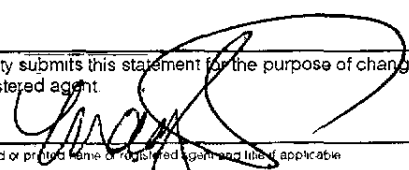


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------|---------------------------------|--|---|---|
| DOCUMENT # P00000102868 | | | |  | |
| 1. Entity Name PEPE'S CABINETS, INC. | | | | | |
| Principal Place of Business 10216 S HWY 301 DADE CITY FL 33525 | | | Mailing Address 10216 S HWY 301 DADE CITY FL 33525 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt #, etc. | | | Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3336942 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TEJERA, JOSE JR 1802 E NAVAGO TAMPA FL 33612 | | | | 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  | | | | DATE 2/2/05 | |
| Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | U00000220638 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEJERA, JOSE JR | | | NAME | 02/08/05-80078-005 150.00 |
| STREET ADDRESS | 1802 E NAVAGO | | | STREET ADDRESS | |
| CITY- ST- ZIP | TAMPA FL 33612 | | | CITY- ST- ZIP | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEJERA, JOSE SR | | | NAME | |
| STREET ADDRESS | 35304 RANDETTE BLVD | | | STREET ADDRESS | |
| CITY- ST- ZIP | WEBSTER FL 33597 | | | CITY- ST- ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUENTES, MAYLEN | | | NAME | |
| STREET ADDRESS | 10216 S HWY 301 | | | STREET ADDRESS | |
| CITY- ST- ZIP | DADE CITY FL 33525 | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #