2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000102868 1. Entity Name				FILED		
PEPE'S CABINETS, INC.				Jul 22, 2008 08:00 AM Secretary of State		
Principal Place of Business Mailing Address					Secretary of State	
10216 S HWY 301		10216 S HWY 301				
DADE CITY FL 33525 DADE CITY FL 33525						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address				ı
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3336942 Applied Fo Not Applied	
Zip	Country Zip Ci		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Age			<u> </u>	T	7. Name and Address of New Registered Agent	
				Name		
TEJERA, JOSE JR 1802 E NAVAGO TAMPA FL 33612				Street Address	(P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
8. The above named entity systimits has statement for the purpose of changing its registered office or registere					ered agent, or both, in the State of Florida. I am familiar with, and acc	cept
the obligations of registored agent SIGNATURE						
Standburk, typed or printed (Linib of new United makes and title Templicacio). (NOTE Registered Agon Leginnburk required when relevanting). DATE						
FILE NOW!!! FEE S \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee		
10.	OFFICERS AND	[11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Derete	TITE	F	☐ Change ☐ Ado	dition
NAME conscilandocec	TEJERA, JOSE JR 10216 S HWY 301		NAM	1	HOOOOOFFOAO	
STREET ADDRESS CITY-ST-ZIP	DADE CITY FL 33525		CITY	ET ADDRESS -ST-ZIP	07/22/08-80007-021 550.00	
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STREET ADDRESS			1	FT ADORESS		
CITY-S1-712	DADE CITY FL 33525		CITY	-SI-ZIP		
TITLE	S	☐ De ete	HTL		Change Add	notit.
NAME STREET ADDRESS	TEJERA, ROBERT 10216 S HWY 301	*	nam Stae	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ De ete	TITLE	<u>.</u>	☐ Change ☐ Ado	ition
HAME			MAJI			
STREET ADDRESS CHY-S1-ZIP				ET ADDRESS -GT-ZIP		
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NAME		□ De dit	NAM	i	- Oranga - One	IRON
STREET ADDRESS CHY-ST-ZP				ET ADDRESS - ST - Z#F		
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NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP	•	İ
12. I hereby certify that the information supplied with mistring does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and succurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee empowered by 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 a other like empowered.						

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