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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 25 PM 3:30
SECRETARY OF STATE
2005[illegible]

DOCUMENT # P01000035914

1. Entity Name
J.J. CABINETS INSTALLATIONS INC.

Principal Place of Business
18611 TROON DR
HIALEAH, FL 33015

Mailing Address
18611 TROON DR
HIALEAH, FL 33015

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 13493 SW. 27th St
Suite, Apt. #, etc.
City & State: MIRAMAR Fl.
Zip: 33027 Country: BROWARD

3. Mailing Address: 13493 SW. 27th St
Suite, Apt. #, etc.
City & State: MIRAMAR. Fl
Zip: 33027 Country: BROWARD.

4. FEI Number: 65-1094420 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PICHARSO, GREGORGIA E
18611 TROON DR
HIALEAH, FL 33015

7. Name and Address of New Registered Agent
Name: CARLOS A. SARANTES
Street Address (P.O. Box Number is Not Acceptable): 13493 SW. 27 ST
City: MIRAMAR FL Zip Code: 33027

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: CARLOS A. SARANTES
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	SAGANTES, CARLOS A	NAME	SARANTES, CARLOS A
STREET ADDRESS	13493 SW 27 STREET	STREET ADDRESS	13493 SW. 27th St
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	MIRAMAR Fl 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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)(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] 7/1/05 (954) 450-8579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #