


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90001 024 \*\*\*150.00

**DOCUMENT # P0100035914**  
 1. Entity Name  
**J.J. CABINETS INSTALLATIONS INC.**



Principal Place of Business 13493 SW 27TH ST MIRAMAR, FL 33027	Mailing Address 13493 SW 27TH ST MIRAMAR, FL 33027
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**DO NOT WRITE IN THIS SPACE**



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1094420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SARANTES, CARLOS A**  
 13493 SW 27TH ST  
 MIRAMAR, FL 33027

**DO NOT WRITE IN THIS SPACE**

8. The above named entity admits 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

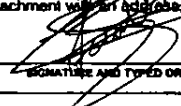
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SRANTES, CARLOS A 13493 SW 27 STREET MIRAMAR, FL 33027
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the same or 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 will be in accordance with all other like empowered.

SIGNATURE:  **8/10/08** 954 450-6579  
Signature and typed or printed name of signing officer or director Date Daytime Phone #