


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90335 024 ***150.00

DOCUMENT # P01000090636	
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1. Entity Name

GP KITCHEN CABINETS, INC.

Principal Place of Business

10000 NW 80 CT
#2238
HIALEAH GARDENS FL 33016

Mailing Address

10000 NW 80 CT
#2238
HIALEAH GARDENS FL 33016

14000000



MOORE CR2E034 (11/03)

2. Principal Place of Business <i>10000 NW 80 CT</i>	3. Mailing Address <i>10000 NW 80 CT</i>
Suite, Apt. #, etc. <i># 2204</i>	Suite, Apt. #, etc. <i># 2204</i>
City & State <i>Hialeah Gardens FL 33016</i>	City & State <i>Hialeah Gardens FL</i>
Zip <i>33016</i>	Country

4. FEI Number 65-1138811	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 PLACERES, GERARDO 10000 NW 80 CT APT #2238 HIALEAH GARDENS FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PLACERES, GERARDO 10000 NW 80 CT, APT #2238 HIALEAH GARDENS FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PLACERES GERARDO 10000 NW 80 CT Hialeah FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLACERES, GERARDO 10000 NW 80 CT, APT #2238 HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLACERES GERARDO 10000 NW 80 CT Hialeah FL 33016 <input checked="" 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 #

Gerardo Placeres
4/5/2004 *(305) 456-0028*