

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 012 ***150.00

DOCUMENT # P01000098362

1. Entity Name
CORBEL CABINETS, INC.



Principal Place of Business

**7340 SW 82 COURT
MIAMI, FL 33143**

Mailing Address

**7340 SW 82 COURT
MIAMI, FL 33143**

50042222



2. Principal Place of Business

7810 SW 84 Court

3. Mailing Address

7810 SW 84 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162005

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1145607

Applied For

Not Applicable

Zip

33143

Country

Zip

33143

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DON, ANDREW J
7340 SW 82 COURT
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7810 SW 84 Court

City

Miami

FL

Zip Code

33143

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DON, ANDREW J**
STREET ADDRESS **7340 SW 82 COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **S** ☐ Delete
NAME **DON, MARIA**
STREET ADDRESS **7340 SW 82 COURT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7810 SW 84 Ct**
CITY-ST-ZIP **Miami FL 33143**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7810 SW 84 Ct**
CITY-ST-ZIP **Miami FL 33143**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 954-540-9731
Date Daytime Phone