

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90003 048 ***150.00

DOCUMENT # P01000119058

1. Entity Name
MR. CABINET, CORP.



Principal Place of Business
**7320 NW 85 CT BLDG# 8
APTO # 206
TAMARAC, FL 33321**

Mailing Address
**7320 NW 85 CT BLDG# 8
APTO # 206
TAMARAC, FL 33321**

50020203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
30-0017198

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORDONEZ, JULIO C
7320 NW 85 CT BLDG# 8
APTO # 206
TAMARAC, FL 33321**

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **ORDONEZ, JULIO C**
STREET ADDRESS **7320 NW 85 COURT BUILDING #8 APT0 #206**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FALQUEZ, ALFREDO J**
STREET ADDRESS **11150 CAMERON STREET ATP 106**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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:

Julio C. Ordonez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
50020203
#P01000119058

To whom may concern:

I filled for my 2006 Profit Corporation Annual Report earlier this year. However the form was returned because of missing signature. My apartment was destroyed by Hurricane Wilma and the management yet to fix it. Reconstruction is pending right now, I have proof that my apartment was destroyed if any needed.

My and my pregnant wife we have been living with different siblings ever since here and there I do not have a steady address. I was not able to get mail, after because the mailbox was also destroyed. I recently found out we had been receiving the mail somewhere else. I managed to go pick up my mail this week and found this notice along with my returned form, the deadline to turn in my corrected form with by May 18th, or else I would have to pay a \$ 400.00 late fee. The situation was out of my hands, how can I avoid the late fee because of my condition.

The address of my apartment is:

7320 NW 85 Ct Building 8 Apt # 206
Tamarac, Fl 33321

May 29, 2006

Sincerely

Julio Ordonez
MR CABINET CORPORATION



ATTACHMENT
50020203
Division of Corporations

Annual Report

Annual Report Help

Document Number

P01000119058

Business Entity Name
MR. CABINET, CORP.

FEI Number

300017198

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

7320 NW 85 CT BLDG# 8

Suite, Apt. #, etc.

APTO # 206

City, State

TAMARAC

FL

Zip Code & Country

33321

Mailing Address

Address

7320 NW 85 CT BLDG# 8

Suite, Apt. #, etc.

APTO # 206

City, State

TAMARAC

FL

Zip Code & Country

33321

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

ORDONEZ

JULIO

C

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

7320 NW 85 CT BLDG# 8

Suite, Apt. #, etc.

APTO # 206

City, State

TAMARAC

FL

Zip Code & Country

33321

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 500202,03

P01000119058

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Julio Ordonez

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title

ATTACHMENT 50226203

#P01000119058

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Owner
Julio Ordoñez

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset