

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JAN 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
2. Principal Place of Business - No P.O. Box # 2775 West 79 Street		3. Mailing Address 2775 West 79 Street
Suite, Apt. #, etc. BAY # 9		Suite, Apt. #, etc. BAY # 9
City & State HIALEAH, FL		City & State HIALEAH, FL
Zip 33016	Country	Zip 33016
4. FEI Number 30-0017198		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 ORDONEZ, JULIO C 7320 NW 85 CT BLDG# 8 APTO # 206 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name JULIO C. ORDONEZ Street Address (P.O. Box Number is Not Acceptable) 2775 West 79 Street BAY # 9 City HIALEAH FL Zip Code 33016
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: <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete ORDONEZ, JULIO C 7320 NW 85 COURT BUILDING #8 APTO #206 TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete FALQUEZ, ALFREDO J 11150 CAMERON STREET ATP 108 DAVIE, FL 33324	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JULIO C. ORDONEZ 2775 West 79 Street Bay # 9 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 1/15/08 <small>DATE</small>



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