

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90012 028 ***150.00

DOCUMENT # P02000046455

1. Entity Name

**CABINETS INSTALLATION & LITTLE COMMANDO,
CORP.**



Principal Place of Business

Mailing Address

**17435 NW 48 CT
OPA LOCKA FL 33055**

**17435 NW 48 CT
OPA LOCKA FL 33055**

2. Principal Place of Business

3. Mailing Address

11610 PLANTATION PRESERVE

SALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CIRCLE SOUTH

City & State

City & State

FORT MYERS FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number

42-1534761

Applied For

Not Applicable

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

**VALENCIA, HUGO ALEXANDER
9915 WEST OKEECHOBEE RD #5401
HIALEAH GARDENS FL 33016**

Name

HUGO VALENCIA

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

11610 PLANTATION PRESERVE CIRCLE SOUTH

City

FORT MYERS

FL

Zip Code

33912

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VALENCIA, HUGH ALEXANDER
9915 WEST OKEECHOBEE RD #5401
HIALEAH GARDENS FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TORRES, TANIA M
9915 WEST OKEECHOBEE RD #5401
HIALEAH GARDENS FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: HUGO VALENCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/04 239-2293985

Date

Daytime Phone #