

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

1. **Feb 26, 2007 8:00 am**
Secretary of State

01-30-2007 90010 013 ***150.00

DOCUMENT # P02000067324 1. Entity Name BAY CABINETS ENTERPRISES, INCORPORATED		
Principal Place of Business 9402 GLENROSA COURT TAMPA, FL 33615	Mailing Address 9402 GLENROSA COURT TAMPA, FL 33615	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NGUYEN, THANH 9402 GLENROSA COURT TAMPA, FL 33615		DO NOT WRITE IN THIS SPACE
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 file if applicable. (NOTE: Registered Agent signature required when renewing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NGUYEN, THANH 9402 GLENROSA COURT TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NGUYEN, HONG M 9402 GLENROSA COURT TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE 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: <u><i>T. Nguyen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>2/26/07</i></u> Date



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3696199	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**