

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

05-03-2004 91008 027 \*\*\*900.00  
P02000105595

FILED

04 MAY 20 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24067524

DOCUMENT # P02000105595  
1. Entity Name  
**SMART SOLUTIONS KITCHEN**  
**CABINETS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9695 NW 79 AVE.**  
Suite, Apt. #, etc. **BAY 20**  
City & State **HALEAH GARDENS, FL**  
Zip **33016** Country **US**

3. Mailing Address  
**9695 NW 79 AVE.**  
Suite, Apt. #, etc. **BAY 20**  
City & State **HALEAH GARDENS, FL**  
Zip **33016** Country **US**

**REINSTATEMENT 03-04**  
DO NOT WRITE IN THIS SPACE

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4. FEI Number  
☒ Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent  
Name **ALVAREZ JUSTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**9695 NW 79 AVE.**  
**BAY 20**  
**HALEAH GARDENS FL 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 DATE **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS</b> <b>ALVAREZ JUSTO</b> <b>9695 NW 79 AVE</b> <b>HALEAH GARDENS, FL 33016</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/28/04** (205) 231-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUSTO ALVAREZ, PRES.**

CR2E034B (12/02)