


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90236 023 \*\*\*150.00

<b>DOCUMENT # P02000105595</b> 1. Entity Name SMART SOLUTIONS KITCHEN CABINETS, INC.	
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Principal Place of Business 9900 NW 79 AVE HIALEAH, FL 33010	Mailing Address 9900 NW 79 AVE HIALEAH, FL 33010
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**DO NOT WRITE IN THIS SPACE**

40051000



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0715199	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALVAREZ, JUSTO 9900 NW 79 AVE HIALEAH, FL 33016	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

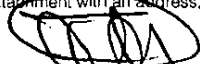
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ALVAREZ, JUSTO 9900 NW 79 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, ANA M 9900 NW 79 AVE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **JUSTO ALVAREZ**, PRES. 4-10-08 (305) 828-8829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #