2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90029 036 ***150.00

DOCUMENT # P02000108016

1. Entity Name
MUNDY KITCHEN CABINET, INC

94020715

Principal Place of Business	Mailing Address
9900 NW 80TH AVENUE #B4V HIALEAH GARDENS, FL 33016	1855 WEST 62ND STREET, #214 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
9921 NW 80th Avenue	3264 West 70th Street
Suite, Apt. #, etc. BAY-1P	Suite, Apt. #, etc. 101
City & State Hialeah Gardens, FL	City & State Hialeah Gardens, FL
Zip 33016 Country USA	Zip 33018 Country USA

02192004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0430415 — 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
PARRADO, RAYMUNDO 1855 WEST 62ND STREET #214 HIALEAH, FL 33012	Name: Parrado, Raymundo Street Address (P.O. Box Number is Not Acceptable): 3264 W70 Street #101 City: Hialeah Gardens, FL Zip Code: 33018

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] / President (Raymundo Parrado) Feb-19-2004
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

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARRADO, RAYMUNDO		NAME		
STREET ADDRESS	1855 WEST 72ND STREER #214		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] / Raymundo Parrado 2-19-2004 (786) 298-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #