2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 12, 2003 8:00 am Secretary of State

DOCUMENT # P02000116106 1. Entity Name U.S. KITCHEN CABINETS & TILES INC.								08-29-2003 90086 034 ***550.00			
Principal Place of Business 8410 SE 58 AVE UNIT #4 & 5 OCALA FL 34480 Mailing Address 8410 SE 58 AVE UNIT #4 & 5 OCALA FL 34480						L		22026	43 <i>7</i>		
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				7	CHECK HERE IF MAKING CHANGES			
City & State			City & State				4	FEI Number 14-18530	621	Applied For	
Zip		Country	Zip		Coun	try	5.	. Certificate of Status Desired	\$8.75 Ad Fee Requir		
	6. Name	and Address of Current F	legister	ed Agent			7.	Name and Address of New Registers	d Agent		
	· <i></i> `					Name					
PEREZ, PEDRO J 19 LARCH RADIAL						Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
OCALA F	L 34480										
		; %.				City		F	L Zip Co	de	
the obligat	itions of regist		the purp	lose of changing its r	egistere	d office or reg	gistered a	agent, or both, In the State of Florida. 1 ar	n familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent an	nd title if app	plicable. (NOTE:	Registered	Agent signature re	equired When	n reinstaling) DATE		_ _	
F After Se Make Check	FILE NOW!	PEE IS \$550.00 , 2003 Fee will be \$750.0 Florida Department of	00 State			1 Agent signature re	<u> </u>	Election Campaign Financing Trust Fund Contribution.	\$5.I	00 May Be d to Fees	
After Se Make Check	FILE NOW!	! FEE IS \$550.00 , 2003 Fee will be \$750.0	00 State	RS	11.		<u> </u>	9. Election Campaign Financing	\$5.1 Adde	d to Fees	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

/SELATIONS/A/JUNED

25/03 352-2454701 Date Proces