

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120518
 1. Entity Name
 ALL PRESTIGE KITCHEN & BATH, CORP.



Principal Place of Business: 8034 N.W. 103 STREET, BAY 25, HIALEAH GARDENS, FL 33016
 Mailing Address: 8034 N.W. 103 STREET, BAY 25, HIALEAH GARDENS, FL 33016



DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number: 11-3662952 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 DIAZ, MADELYN T
 8034 N.W. 103 STREET
 BAY 25
 HIALEAH GARDENS, FL 33016

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | DIAZ, MADELYN T |
| STREET ADDRESS | 7775 W. 29TH WAY APT. 202 |
| CITY-ST-ZIP | HIALEAH, FL 33018 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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1000000331763
 04/26/05-20028-022-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and typed or printed name of signing officer or director) Date _____ Daytime Phone # _____