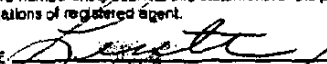
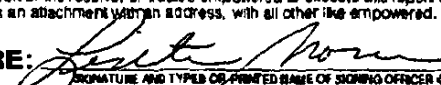


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000129371			
1. Entity Name CABINET MASTERS OF MIAMI, INC.			
Principal Place of Business 4650 SW 153 COURT MIAMI, FL 33185		Mailing Address 4650 SW 153 COURT MIAMI, FL 33185	
2. Principal Place of Business 1025 E. 24 ST. Suite, Apt. #, etc.		3. Mailing Address 1025 E. 24 ST. Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33013	Country DADE	Zip 33013	Country DADE
4. FEI Number 57-1142282		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOAS, ESTER 4650 SW 153 COURT MIAMI, FL 33185		7. Name and Address of New Registered Agent Name: Lissette BRANA Street Address (P.O. Box Number is Not Acceptable) 3198 SW 110 AVE City: MIAMI FL Zip Code: 33165	
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	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOAS, ESTHER 4650 SW 153 COURT MIAMI, FL 33185 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUGAMA, FRANCISCO 4650 SW 153 COURT MIAMI, FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELGADO, JOSE 4650 SW 153 COURT MIAMI, FL 33185 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: 		DATE: 4/30/03	

CR2E034 (12/02)