2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2007 08:00 A Secretary of State

DOCUMENT # P02000133588				Secretary of S		
CUBILLA	AS CABINET, INC.					
Principal Plac	ce of Business	Mailing Address				
1140 SW 12 MIAMI, FL 3		1140 SW 127TH CT. MIAMI, FL 33184				
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	er e	•		01192007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	CE	4. FEI Numbe		Applied For	
				82-057		Not Applicable
,				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	<u> </u>	·	<i>*</i> •	Too Hodanoo
CUBILLAS, JULIO C 1140 SW 127TH CT.			• • • • • • • • • • • • • • • • • • • •		NOT WO	
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MIAMI, FL 33184				IN T	THIS SPA	CE
8. The above	a named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bot	n. in the State of Florida	Lam familiar with, and accept
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 Julio CESAR (V6///A) Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent					0	1/21/07
	Signature, typed or printed name of registered agent and	bile if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)		/DATE /
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS		^,1		V
TITLE NAME	PSTD CUBILLAS, JULIO C			•		<i>:</i> -
STREET ADDRESS	1140 SW 127TH CT.			e e		**
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CITY-SI-ZIP			l' .			

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.

DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: