2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000010186 02-13-2004 90003 014 ***150.00 JASBET QUALITY CABINETS, INC. Mailing Address Principal Place of Business 4116 SW 21ST STREET, APT. #1 4116 SW 21ST STREET, APT. #1 FORT LAUDERDALE, FL 33317 FORT LAUDERDALE, FL 33317 2. Principal Place of Business 3. Mailing Address 1161 SW 161 SU Suite, Apt. #, etc. CR2E034 (10/03) 01272004 Cha-P Applied For 4. FEI Number City & State City & State Not Applicable tort. ort-Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 333/2 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent annzalez Jasie GONZALEZ, JASIEL Street Address (P.O. Box Number is Not Acceptable) 4116 SW 21ST STREET, APT. #1 FORT LAUDERDALE, FL 33317 City auderdale 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. 1 am familiar with, and accept the obligations of registere 70070 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWITI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS PD ☐ Delete President Change ■ Addition TITLE TITLE Gonzalez, Jasiel 1161 SW 25 Ave. Fort Lauderdale NAME GONZALEZ, JASIEL NAME 4116 SW 21ST STREET, APT. #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33317 CITY-ST-ZIP Addition Treasurer ☐ Delete TITLE Delgado, Elizabeth 1161 SW 25 Ave. DELGADO, ELIZABETH NAME NAME 4116 SW 21ST STREET, APT. #1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL 33317 33312 ☐ Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAMÉ 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.

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FILED

Feb 13, 2004 8:00 am