

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000062069

1. Entity Name  
ALL AMERICAN KITCHEN CABINETS INC



Principal Place of Business  
3701 SW 47TH AVE  
SUITE 104  
FORT LAUDERDALE, FL 33314 US

Mailing Address  
3701 SW 47TH AVE  
SUITE 104  
FORT LAUDERDALE, FL 33314 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

08112006 Chg-P CR2E034 (11/05)

4. FEI Number  
57-1175678

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FERARA, KATHRYN M PRES  
3921 SW 47TH AVE  
SUITE 1002  
FORT LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME FERARA, KATHRYN M  
STREET ADDRESS 3921 SW 47TH AVE, SUITE 1002  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME Ferara, Donald  
STREET ADDRESS 3701 SW 47TH AVE S. 104  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Kathryn Ferara  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/06 954-584-3771  
Date Daytime Phone #

FILED

06 AUG 14 AM 10:07

STATE  
OFFICE  
TALLAHASSEE, FLORIDA

