

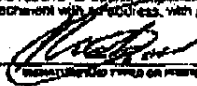
FROM : CD

FAX NO. : 3856229337

FILED
Aug 30, 2004 8:00 am
Secretary of State

07-23-2004 90005 043 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000072088			
1. Entity Name FLORIDA CABINETS MA INC.			
Principal Place of Business 7380 W 20 AVE #136 HALEAH, FL 33016		Mailing Address 17431 NW 41 AVE OPALOKA, FL 33055 US	
2. Principal Place of Business City & State Zip Country		3. Mailing Address City & State Zip Country	
4. FCI Number 20-0064648		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. FCI Number 20-0064648	
7. Name and Address of Current Registered Agent ANDINO, MICHAEL 17431 NW 41 AVE OPALOKA, FL 33055		8. Name and Address of New Registered Agent KABA Consulting INC 1507 Kinn Forest Ln Minneapolis, MN 55425	
9. 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 7/31/04	
FILE NO: 1111-1111-1111-1111 Due by September 8, 2004		10. Election, Corporation Financing Trust Fund Contribution ☐ \$5.00 Ass'y Fee Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP President Michael Andino 17431 NW 41 AVE OPALOKA FL 33055		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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 no address, with all other due empowered.			
SIGNATURE: 		DATE 7/31/04 305-555-4281	

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