FROM :CD FAX NO. :3056229337

FILED
Aug 30, 2004 8:00 am
Secretary of State
07-23-2004 90005 043 ***150.00

66432795

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072098

1. Entity Name
FLORIDA CABINETS MA INC.

Principal Place of Business	Mailing Address
7360 W 20 AVE #136 HIALEAH, FL 33016	17431 NW 41 AVE OPALOKA, FL 33055 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07092004 Chg-P CR2E094 (10/03)

4. FEI Number 20-0264648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDINO, MICHAEL
17431 NW 41 AVE
OPALOKA, FL 33055

7. Name and Address of New Registered Agent

Name KABA Consulting Inc
Street Address (P.O. Box Number is Not Acceptable) 7307 Rain Forest Ln
City Coon Rapids FL Zip Code 34710

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] DATE 7/21/04
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when changed.

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive this prior notice.

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Andino 17431 NW 41 AVE OPALOKA FL 33055
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	

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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)(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.

SIGNATURE: [signature] 7/21/04 305-525-4248
Typed or printed name of person signing (see instructions) Date Daytime Phone #