


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 008 ***150.00

DOCUMENT # P03000088442	
1. Entity Name GERARDO CABINET INSTALLATION, INC.	

Principal Place of Business 1401 AGUACATE CT ORLANDO, FL 32837	Mailing Address 1401 AGUACATE CT ORLANDO, FL 32837
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40041400

2. Principal Place of Business - No P.O. Box # 506 Flower Fields Ln	3. Mailing Address 506 Flower Fields Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03142007 Chg-P CR2E034 (12/06)

City & State Or Fl	City & State Or Fl
Zip 32824	Country US

4. FEI Number 65-1200804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APARICIO, GERARDO 1401 AGUACATE CT ORLANDO, FL 32837	
7. Name and Address of New Registered Agent Name Aparicio Gerardo Street Address (P.O. Box Number is Not Acceptable) 506 Flower Fields Ln City Or State FL Zip Code 32824	

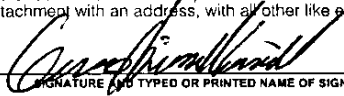
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD APARICIO, GERARDO 1401 AGUACATE CT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerardo A Aparicio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 506 Flower Fields Ln Or Fl 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APARICIO, JUSON 1401 AGUACATE CT ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aparicio Jerson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 506 Flower Fields Ln Or Fl 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALVERDE, SHIRLEY <input checked="" type="checkbox"/> Delete 1401 AGUACATE CT ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  03/27/07 407 694-9321
Date Daytime Phone #