

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000099210

Entity Name: IMAGE CABINETS, INC.

FILED
Oct 23, 2007
Secretary of State

Current Principal Place of Business:

5180 SCHUMACHER RD
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

5180 SCHUMACHER RD
SEBRING, FL 33872

New Mailing Address:

FEI Number: 47-0929769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, BILL
2424 PINEWOOD BLVD.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

LOPEZ, RAUL O
5529 MATANZAS DR
SEBRING, FL 33872 US

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.

SIGNATURE: RAUL O. LOPEZ

10/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, RAUL O
Address: 5529 MATANZAS DR
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: LOPEZ, MILAGROS
Address: 5529 MATANZA DR
City-St-Zip: SEBRING, FL 33872

Title: D (X) Delete
Name: RODRIGUEZ, BILL
Address: 2424 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: RODRIGUEZ, ESTRELLA
Address: 2424 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL O. LOPEZ

MR.

10/23/2007

Electronic Signature of Signing Officer or Director

Date