

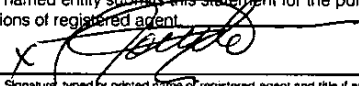



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 030 ***150.00

DOCUMENT # P03000116372 1. Entity Name TOMBO CABINETS, INC.					
Principal Place of Business 7522 NW 8TH STREET MIAMI, FL 33126			Mailing Address 7522 NW 8TH STREET MIAMI, FL 33126		
2. Principal Place of Business 2071 W 62 Street		3. Mailing Address 4525 W 20 Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. APT-126-C			
City & State Hialeah FL		City & State Hialeah FL			
Zip 33016		Country NAde		4. FEI Number 52-2395568	
Zip 33012		Country NAde		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMBO, ALBERTO 7522 NW 8TH STREET MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Tombo Alberto Street Address (P.O. Box Number is Not Acceptable) 4525 W 20 Ave APT-126-C City Hialeah FL Zip Code 33012	
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  DATE 04/26/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMBO, ALBERTO 7522 NW 8TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 				Date 04/26/07 Daytime Phone # (786) 302 1112	