2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Please ~~FILED~~ back
~~May~~ 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000129288

1. Entity Name

COSTACOL CABINETS INC

Principal Place of Business	Mailing Address
670 MADRID DR KISSIMMEE FL 34758 US	670 MADRID DR KISSIMMEE FL 34758 US

1st MOORE CR2E034 (10/05)

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

4. FEI Number 20-0407517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, ALEXANDER
670 MADRID DR
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 X. Sy Vicepresident 5/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SUAREZ, ALEXANDER	
STREET ADDRESS	670 MADRID DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VP	☐ Delete
NAME	SUAREZ, XIOMARA M	
STREET ADDRESS	670 MADRID DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

U00000564235
05/20/06-80056-001 150.00

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X. Sy 5/5/06 (321-624-299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #