
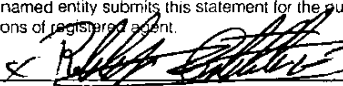
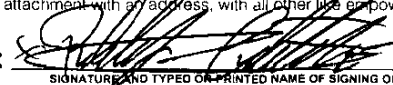


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90191 019 ***158.75

DOCUMENT # P03000131629 1. Entity Name CASTIBLANCOS QUALITY CABINETS INC																													
Principal Place of Business 489 LOS CORTES LANE, APT. #201 ATTN: RODOLFO CASTIBLANCO ORLANDO, FL 32824 US			Mailing Address 489 LOS CORTES LANE, APT. #201 ATTN: RODOLFO CASTIBLANCO ORLANDO, FL 32824 US																										
2. Principal Place of Business - No P.O. Box # 764 Flower Fields Ln Suite, Apt. #, etc.		3. Mailing Address 764 Flower Fields Ln Suite, Apt. #, etc.																											
City & State Orlando, Florida Zip 32824		City & State Orlando, Florida Zip 32824		4. FEI Number 20-0429221 Applied For <input type="checkbox"/> Not Applicable																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CASTIBLANCO, RODOLFO 489 LOS CORTES LN. APT. #201 ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name Rodolfo Castiblanco Street Address (P.O. Box Number is Not Acceptable) 764 Flower Fields Ln City Orlando 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:  DATE: 3/7/07 <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, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P CASTIBLANCO, RODOLFO <input type="checkbox"/> Delete 489 LOS CORTES LN., APT. #201 ORLANDO, FL 32824 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTIBLANCO, RODOLFO <input type="checkbox"/> Delete 489 LOS CORTES LN., APT. #201 ORLANDO, FL 32824											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rodolfo Castiblanco 764 Flower Fields Ln Orlando, FL 32824 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rodolfo Castiblanco 764 Flower Fields Ln Orlando, FL 32824										
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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 a address, with all other like empowered. SIGNATURE:  DATE: 3/7/07 DAYTIME PHONE: 321-388-4035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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