2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000138636

1. Entity Name
RONAL CABINETS INC.

Principal Place of Business	Mailing Address
6404 AMBASSADOR DR. TAMPA, FL 33615	6404 AMBASSADOR DR. TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

02022006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0428938	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, RONAL
6404 AMBASSADOR DR.
TAMPA, FL 33615

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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: _Ronal_   2-02-26

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**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	U000000523935 05/03/06-80090-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RONAL, HERRERA
STREET ADDRESS	6404 AMBASSADOR DR.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Ronal_ RONAL HERRERA   2-02-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #