


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000152287</b> 1. Entity Name <b>ALL ABOUT CABINETS &amp; MORE, INC.</b>	
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Principal Place of Business <b>4355 8TH AVENUE NE NAPLES, FL 34120</b>	Mailing Address <b>4355 8TH AVENUE NE NAPLES, FL 34120</b>
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2137127</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, TERESINA 4355 8TH AVENUE NE NAPLES, FL 34120</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ U000000579097  
01/09/07-80055-017 158.75  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, CARLOS 4355 8TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RODRIGUEZ, TERESINA 4355 8TH AVENUE NE NAPLES, FL 34120
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**  **Teresina Rodriguez** 1-4-07 239-352-  
Signature, typed or printed name of signing officer or director Date Daytime Phone 1597