## DOCUMENT # P03000158378



## FILED Apr 07, 2005 8:00 am Secretary of State

| 1. Entity Nam  | e   | I A                               |                          | SC   | cictary o            | n Sta                                    | ic              |                                   |   |
|--|---|-----------------------------------|--------------------------|--|----------------------|--|-----------------|-----------------------------------|---|
| CABINET  | S, COUNTER TOPS SERVIC  | E CORP.                           |                          |  | 04                   | -07-2005 90034 04                        | ł4 ***150.0     | )()                               |   |
| Principal Plac   | e of Business   | Mailing Address                   | Maiting Address          |  |                      |  |                 |                                   |   |
| 423 GRIFFIN RD   |   | 423 GRIFFIN RD                    |                          |  |                      |  |                 |                                   |   |
| LAKELAND   |   | LAKELAND FL 33805                 |                          |  | JUU348U7             |  |                 |                                   |   |
| 2. Principal Place of Business                           |   | 3. Mailing Address                |                          |  |                      |  |                 |                                   |   |
| Suite, Apt. #, etc.                                      |   | Suite, Apt. #, etc.               |                          | ,  | 1s                   | MOORE CR                                 | 2E034 (10/0     | )4)                               |   |
| City & State   |   | City & State                      |                          |  | 4. FEI Numb          | er 71-0958920                            |                 | Applied F                         |   |
| Zip  | Country   | Zip                               | Country                  |  | 5. Certificate       | of Status Desired                        |                 | \$8.75 Additional<br>Fee Required |   |
|  | 6. Name and Address of Current  | Registered Agent                  |                          |  | 7. Name and          | Address of New Regi                      | stered Agent    |                                   |   |
|  |   |                                   | ١,                       | Name   |                      |  |                 |                                   |   |
| VALLEJO, CAYETANO<br>423 GRIFFIN RD<br>LAKELAND FL 33805 |   |                                   | s                        | Street Address (P.O. Box Number is Not Acceptable) |                      |  |                 |                                   |   |
| •  |   |                                   | .                        | City   | - <del></del>        |  | FL Zi           | p Code                            | —                                       |
| 9 The shows  | named entity submits this statement for   | or the number of changing it -    | orietoro d               | office or soulst                                   | rad agent            | th, in the Cinter of Fig. 14             |                 |                                   |   |
| the obligat  | tions of registered agent.  | ine purpose of changing his re    | agister <del>a</del> u c | onice or registe                                   | ered agent, or bo    | on, in the State of Florida              | i. Tam familia  | r with, and ad                    | ccet                                    |
| SIGNATURE  | Signature, typed or printed name of registered agent  | and trie if applicable (NOTE: F   | Registered Age           | ent signature require                              | ed when reinstating) | ,  | DATE            |                                   | _                                       |
| F  | ILE NOW!!! FEE IS \$150.00  |                                   |                          |  |                      | O Election Compaise                      |                 | ¢E 00                             |   |
|  | May 1, 2005 Fee Will Be \$550.00<br>k Payable to Florida Department of  |                                   |                          |  |                      | Election Campaign     Trust Fund Contrib |                 | \$5.00 Ma<br>Added to Fe          |   |
| 10.  | OFFICERS AND  | DIRECTORS                         | 11,                      |  | ADDITIONS            | CHANGES TO OFFICE                        | RS AND DIRE     | CTORS IN 11                       | 1                                       |
| thre   | P   | , edete                           | TITLE                    | 1  |                      |  | ☐ CI            | hange 🔲 A                         | Addilk                                  |
| NAME   | VALLEJO, CAYETANO   | •                                 | NAME                     |  |                      |  |                 |                                   |   |
| CITY-ST-ZIP  | LAKELAND FL 33805   |                                   | STREET AL                | - Z1P  |                      | 1  |                 |                                   |   |
| TATLE  | v   | Delete                            | TITLE                    | TR   | CASARM               | Secretary<br>A VALLESO<br>IN 2d          | CI              | hange A                           | <b>ddit</b> ic                          |
| NAME   | VALLEJO, EDWARD   | • •                               | NAME :                   | بمج ا  | SPERANZ              | A VALLETO                                |                 |                                   | ه.                                      |
| STREET ADDRESS   | 2990 GRANDEVILLE CR APT 214   | 1                                 | STREET A                 | DDRESS #4  | 23 GRIFF             | N P.S.<br>1 FL 33805                     |                 |                                   |   |
| CITY-ST-ZIP  | OVIEDO FL 32765   |                                   | CIY-SI-                  | - ZIP _ Z  | AKEIAWA              | FL 33805                                 |                 |                                   |   |
| TIFLE  | T NAMES IN INVESTIGATION  | Delete                            | TITLE                    |  |                      |  | ci              | nange   A                         | Additic                                 |
| NAME<br>STREET ADDRESS                                   | VALLEJO, JAMES<br>431 GRIFFIN RD  |                                   | NAME<br>STREET A         | nnress   |                      |  |                 | -                                 | •                                       |
| CITY-ST-ZIP  | LAKELAND FL 33805   |                                   | CITY-ST-                 |  |                      | •  |                 |                                   |   |
| TITLE  |   | Detete                            | TITLE                    |  |                      |  | <u>П</u> с      | thange /                          | Additic                                 |
| NAME   |   |                                   | NAME                     | i  |                      |  | _               | · –                               |   |
| STREET ADDRESS   | į   | •                                 | STREET A                 | DDRESS   |                      |  |                 |                                   |   |
| CITY-SI-ZIP  |   |                                   | CITY-SI-                 | - ZIP  |                      |  |                 |                                   |   |
| TITLE  |   | Delete                            | intř                     |  |                      |  | C               | hange 🔲 A                         | Additio                                 |
| NAME   | ·   |                                   | NAME                     | nnacce   |                      |  | •               |                                   |   |
| STREET ADDRESS<br>CITY-ST-ZIP                            | 1   |                                   | STREET A                 | ,  |                      | •  |                 | ,                                 |   |
|  |   | Ппи                               | TITLE                    |  |                      | <del></del>                              |                 | hange                             | Additio                                 |
| TITLE<br>NAME  | 1   | ☐ Delete                          | NAME                     |  |                      |  | шч              |                                   | ,V                                      |
| STREET ADDRESS   | )   | •                                 | STREET A                 | ODRESS   |                      |  | ,               |                                   |   |
| CITY-ST-ZIP  |   |                                   | CITY-ST-                 | - ZTP  |                      |  |                 |                                   | _                                       |
| indicator  | Certify that the information supplied wit<br>on this report or supplemental report<br>reporation or the receiver or trustee emp | is true and accurate and that m   | v signature              | a shall bave the                                   | e same legal efte    | ct as if made under cati                 | h: bhail ann an | officer or dire                   | ation                                   |
| changed  | , or on an attachment with an address   | with all other like empowered.    | 1 0                      | hio  |                      | 1 1                                      |                 |                                   | · • • • • • • • • • • • • • • • • • • • |
| SIGNAT   | TURE: <u>CRYCTANO VALLES</u> SIGNATURE AND TYPED OR   | PRINTED HAME OF SIGNING OFFICER O | 1 all                    | 70   |                      | 127/12 (86                               | 63)68           | 1                                 |   |