

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 006 ***150.00

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1. Entity Name

SOSA CABINET INSTALLER, INC.



Principal Place of Business

~~4900 SPARINE DR~~
SAINT CLOUD, FL 34771-9676

Mailing Address

~~4900 SPARINE DR~~
SAINT CLOUD, FL 34771-9676

40043821



02232008 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0537024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

No longer Authorized

6. Name and Address of Current Registered Agent

~~ALL FLORIDA FIRM, INC.~~
~~465 G VOLUSIA AV, SUITE C~~
~~ORANGE CITY, FL 32763~~

~~ANTONIO G SOSA~~
~~STARLINE DR.~~
~~SAINT CLOUD FL 34771-9676~~

**DO NOT WRITE
IN THIS SPACE**

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

ANTONIO G SOSA

(NOTE: Registered Agent signature required when reinstating)

02/23/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SOSA, ANTONIO G
STREET ADDRESS	4900 SPARINE DR
CITY - ST - ZIP	SAINT CLOUD, FL 34771-9676
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

ANTONIO G SOSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/08

Date

Daytime Phone #

321-946-9058