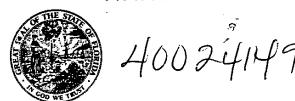
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

1. Entity Nam	ne	# P04000004 N CABINETS INC.			03-06-2006 90	_	***150.0	00		
Principal Place of Business 2545 SW 80 ST # 3 HIALEAH, FL 33016			Mailing Address 2545 SW 80 ST # 3 HIALEAH, FL 33016					11 KATUR 1911A KAT	<b>                                     </b>	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02092006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State			4. FEI Number	55-6	08560		plied For t Applicable
Zip	Country		Zip Count		itry	5. Certificate of	of Status Desired		8.75 Add ee Required	
	and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered A	gent		
ESCOBAB	D D A E A E I		Name							
ESCOBAR, RAFAEL 7760 W. 20TH AVE., BAY 10 HIALEAH, FL 33016					Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Code	<u> </u>
<b>8.</b> The above	named entit	y submits this statement for	· .	ed agent, or both	n, in the State of Flo	FL orida. I am fa	'			
the obligations of registered agent.  SIGNATURE										
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 \$5.00 May Be Trust Fund Contribution.  Added to Fees									-	
10.	1	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				- 1		·,		☐ Change	Addition .
TITLE NAME STREET ADDRESS	☐ Delete TITL NAM STR					☐ Change ☐ Addition				
CITY-ST-ZIP	· CIT				-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLI NAM STRE	E	· — ~			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITU	E				☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Delete	TITL					☐ Change	Addition
CITY+ST-ZIP			The second secon	CITY	-ST-ZIP	2.	<del></del>			
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 plock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

## ATTACHMENT



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

RAFAEL KITCHEN CABINETS INC. 2545 SW 80 ST # 3 HIALEAH, FL 33016

SUBJECT: BAFAEL KITCHEN CABINETS INC.

Ref. Number: P04000004192

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR OPS

Letter Number: 606A00009849