
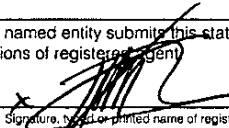
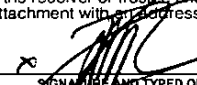


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 043 ***150.00

DOCUMENT # P04000041462 1. Entity Name VIBRA CABINET INSTALLATIONS, INC.																																																																																																																																																					
Principal Place of Business 1500 OLD ENGLISH LOOP APT 1515 SANFORD, FL 32771			Mailing Address 1500 OLD ENGLISH LOOP APT 1515 SANFORD, FL 32771																																																																																																																																																		
2. Principal Place of Business 2704 Red Lion Sq. Suite, Apt. #, etc.		3. Mailing Address 2704 Red Lion Sq Suite, Apt. #, etc.																																																																																																																																																			
City & State Winter Park, FL Zip 32792 Country Seminole		City & State Winter Park, FL Zip 32792 Country		4. FEI Number 20-0826611																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent BRAVO, VICTOR 1500 OLD ENGLISH LOOP APT 1515 SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2704 Red Lion Sq City Winter Park FL Zip Code 32792																																																																																																																																																		
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:  DATE: 7/1/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BRAVO, VICTOR</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1500 OLD ENGLISH LOOP APT 1515</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SANFORD, FL 32771</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Bravo, Victor</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2704 Red Lion Sq</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Winter Park FL 32792</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	BRAVO, VICTOR		STREET ADDRESS	1500 OLD ENGLISH LOOP APT 1515		CITY-ST-ZIP	SANFORD, FL 32771					TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bravo, Victor		STREET ADDRESS	2704 Red Lion Sq		CITY-ST-ZIP	Winter Park FL 32792					TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  VICTOR BRAVO 7/1/2005 407-314-5187 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

ATTACHMENT
P0400041462
20062458
Vibra Cabinet Installations, Inc.
2704 Red Lion Sq.
Winter Park, FL 32792
407-314-5187

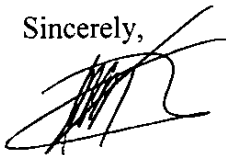
July 1, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs;

I've recently received notice of intent to dissolve. I would like to advise that I did not receive original notice to renew or file, most definitely due to change of address. I kindly request to accept my renewal filing, and waive my penalty.

Sincerely,



Victor Bravo
President
407-314-5187