

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000055918

FILED
Nov 21, 2005
Secretary of State**Entity Name:** DESIGNER'S CHOICE CABINETS, INC.**Current Principal Place of Business:**8201 NW 74 AVE
BAY E
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**8201 NW 74 AVE
BAY E
MIAMI, FL 33166**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILVESTRE, LUIS
8201 NW 74 AVE
BAY E
MIAMI, FL 33166 US**Name and Address of New Registered Agent:**SILVESTRE, ROBERTO
8201 NW 74 AVE
BAY E
MIAMI, FL 33166 US

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.

SIGNATURE: ROBERTO SILVESTRE

11/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: SILVESTRE, LUIS
Address: 8201 NW 74 AVE
City-St-Zip: MIAMI, FL 33166**Title:** VP () Delete
Name: SILVESTRE, ROBERTO
Address: 8201 NW 74 AVE
City-St-Zip: MIAMI, FL 33166**Title:** VP (X) Delete
Name: SILVESTRE, MELISSA
Address: 8201 NW 74 AVE
City-St-Zip: MIAMI, FL 33166**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: SILVESTRE, ROBERTO
Address: 8201 NW 74 AVE
City-St-Zip: MIAMI, FL 33166**Title:** VP (X) Change () Addition
Name: SILVESTRE, MELISSA
Address: 8201 NW 74 AVE
City-St-Zip: MIAMI, FL 33166**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SILVESTRE

P

11/21/2005

Electronic Signature of Signing Officer or Director

Date