


04-04-2008 90014 006 ***158.75

DOCUMENT # P04000062839		
1. Entity Name FRANZ CABINETS OF THE PALM BEACHES INC		
Principal Place of Business 16681 TANGERINE BLV. LOXAHATCHEE, FL 33470		Mailing Address 16681 TANGERINE BLV. LOXAHATCHEE, FL 33470
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VICTORIA, SAMUEL E 16681 TANGERINE BLV. LOXAHATCHEE, FL 33470		
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent. SIGNATURE <u>Samuel E. Victoria</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICTORIA, SAMUEL E 16681 TANGERINE BLV. LOXAHATCHEE, FL 33470	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 606, F.S., if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Samuel E. Victoria</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		