

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 004 ***150.00

DOCUMENT # P04000065672

1. Entity Name
AGBANI CABINETS, INC.



Principal Place of Business
9092 SO. RIVER DR.
#39
MEDLEY, FL 33166

Mailing Address
9092 SO. RIVER DR.
#39
MEDLEY, FL 33166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212005

Chg-P

CR2E034 (10/03)

4. FEI Number

38-3701196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ROBERTO JR
9092 SO. RIVER DR.
#39
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERNANDEZ, ROBERTO
STREET ADDRESS 9092 SO. RIVER DR. #39
CITY-ST-ZIP MEDLEY, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/22/05 786-346-4567

5005399.7



Roberto Hernandez, Jr.
9092 NW South River Drive , Bay 39
Medley, FL 33166
786-346-4567
e-mail: cruz1719@bellsouth.net

ATTACHMENT
50053997

AGBANI CABINETS, INC.

FORMAL REQUEST FOR WAIVER OF LATE FILING/REINSTATEMENT FEE FOR

AGBANI CABINETS, INC. DOCUMENT # P04000065672

June 22, 2005

Florida Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We did not received first or second notice in 2005, therefore this is our formal request to waive any late or reinstatement fees.

Please find enclosed a check in the amount of \$150.00 for 2005 filing fees.

Sincerely,

Roberto Hernandez, Jr.
President

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