

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90437 046 ***150.00

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000065989 1. Entity Name ALAIN KITCHEN CABINETS INC.																											
Principal Place of Business 7450 NW. 74 AVE. BAY 63 MEDLEY, FL 33166		Mailing Address 7450 NW. 74 AVE. BAY 63 MEDLEY, FL 33166																									
2. Principal Place of Business 7450 NW 74 AVE BAY 722 Suite, Apt. #, etc.		3. Mailing Address 7450 NW 74 AVE # 722 Suite, Apt. #, etc.																									
City & State MEDLEY FLORIDA Zip 33166 Country USA		City & State MEDLEY, FLORIDA Zip 33166 Country																									
4. FEI Number 20-1038750		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CASTILLO, SARA 1629 NW. 14TH STREET #604 MIAMI, FL 33125		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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <i>Sara Castillo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT 4/26/06 786 306-1002 Date Daytime Phone #																									

SARA CASTILLO