# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 12, 2007 8:00 am**
**Secretary of State**
06-12-2007 90111 019 ***150.00

DOCUMENT # P04000072399

1. Entity Name
JPR CUSTOM CABINETS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1732 NW 3 TERR #109<br>FLORIDA CITY, FL 33034 US | 1732 NW 3 TERR #109<br>FLORIDA CITY, FL 33034 US |

06072007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 645 SW 5 TERRACE | 645 SW 5 TERRACE |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: FLORIDA CITY FL | City & State: FLORIDA CITY FLORIDA |
| Zip: 33034 Country: USA | Zip: 33034 Country: USA |

4. FEI Number: 02-0722223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PINO, JUAN<br>1732 NW 3 TERR #109<br>FLORIDA CITY, FL 33034 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>645 SW 5 TERRACE<br>City FLORIDA CITY FL Zip Code 33034 |

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

**FILE NOW!!! FEE IS $150.00**
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution ☐ **$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.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>PINO, JUAN<br>1732 NW 3 TERR #109<br>FLORIDA CITY, FL 33034 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | V<br>DOMINQUEZ, ILEANA D<br>1732 NW 3 TERR #109<br>FLORIDA CITY, FL 33034 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 645 SW 5 TERRACE<br>FLORIDA CITY, FLORIDA 33034 | ☒ Change ☐ Addition |
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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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #