Po4000077571

(Req	uestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





100033712741

05/12/04--01028--013 **78.75



45,13

State of Florida Dept of Corporations P.O. Box 6327 Tallahassee, FL 32314

*

Sirs:

Find attached an application for Registration of Corporation of: ABRAHAM KITCHEN & BATH CABINETS CORP. Find enclosed payment of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You

