

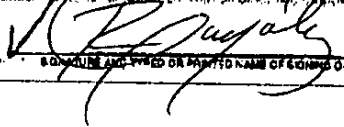
04/27/2005 08:51 3052557313

SW ACCOUNT

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-09-2005 90297 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000080408			
1. Entity Name G.R.M. CABINET SHOP, INC.			
Principal Place of Business 10381 SW 186 STREET MIAMI, FL 33157		Mailing Address 10381 SW 186 STREET MIAMI, FL 33157	
2. Principal Place of Business SUITE, APT. E, etc.		3. Mailing Address SUITE, APT. E, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GONZALEZ, ROSENDO 865 SW LENNOX ST. PT. ST. LUCIE, FL 34953		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 of person authorized to change registered agent and office (if applicable) (NOTE: Registered agent is a natural person who is a resident of the State of Florida.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GONZALEZ, ROSENDO 1865 SW LENNOX STREET PORT ST. LUCIE, FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD GANDARIAS, GUSTAVO 88 VIRGINIA PARK BLVD FT. PIERCE, FL 34947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information indicating on this report or supplement 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 filers authorized.			
SIGNATURE: 		Date: 4/27/05	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66022538



04132005 Chg-P CR26034 (10/03)

4. FEI Number 20-1145782 Applied For Not Applicable

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