## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000083273**

1. Entity Name MIRLAU CABINET DOORS & MORE, INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

6401 GEORGIA AVE WEST PALM BEACH, FL 33405 Mailing Address

6401 GEORGIA AVE

WEST PALM BEACH, FL 33405



DO NOT WRITE IN THIS SPACE

03222007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1177775

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PARADA, JUAN R 6401 GEORGIA AVE WEST PALM BEACH, FL 33405

## DO NOT WRITE IN THIS SPACE

			ľ		
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			ed Agent signature	Agent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARADA, JUAN R 6401 GEORGIA AVE WEST PALM BEACH, FL 33405	•			U00000685387
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRULLON, EMMA N 6401 GEORGIA AVE WEST PALM BEACH, FL 33405				04/09/07-90003-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			1	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 tustee 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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

561-358-7572