2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091814

HIALEAH, FL 33010

City-St-Zip:

Entity Name: M&U CABINETS INC.

FILED Mar 30, 2005 Secretary of State

	iner mas on	BII 12 11 10 11 10 .				
Current Principal Place of Business:			New Principal Place of Business:			
11475 SW MIAMI, FL	74 STREET 33173					
Current Mailing Address:			New Mailing Address:			
11475 SW MIAMI, FL	74 STREET 33173					
FEI Number	: 20-1245529	FEI Number Applied For()	FEI Number Not Appl	icable () Ce	rtificate of Status Des	ired()
Name and	Address of (Current Registered Agent:	Name and	Address of New	Registered Agent	:
MARTIN, (11475 SW MIAMI, FL	74 STREET					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office	or registered ager	it, or both,
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (MARTIN, OSV/ 11475 SW 74 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Cha	nge () Addition	
Title: Name: Address: City-St-Zip:	S (SABIO, ANGEI 11475 SW 74 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	SD (X) Cha SABIO, ANGELA M 11475 SW 74 STRE MIAMI, FL 33173	inge () Addition	
Title: Name: Address: City-St-Zip:	D (GONZALEZ, E 4264 WEST 5 HIALEAH, FL	COURT	Title: Name: Address: City-St-Zip:	VD (X) Cha MONTEJO, ULISES 150 EAST 1ST AVE HIALEAH, FL 33010		
Title: Name: Address:	MONTEJO, UL	i) Delete ISES AVENUE, APT 402	Title: Name: Address:	() Cha	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: OSVALDO MARTIN P 03/30/2005