

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

06-10-2005 90047 023 ***150.00

DOCUMENT # PO4 000 107414	
1. Entity Name EDYMAR CUSTOM CABINETS, CORP.	

DO NOT WRITE IN THIS SPACE

40087766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2641 W 76 ST	3. Mailing Address 2641 W 76 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

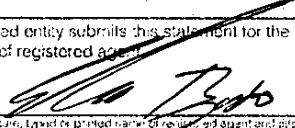
City & State HALEAH, FL	City & State HALEAH, FL
Zip 33016	Zip 33016
Country U.S.	Country U.S.

4. FEI Number 20-1411394	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name EDUARDO BUJATO	
Street Address (P.O. Box Number is Not Acceptable) 1900 W 68 ST	
APT D-304	
City HALEAH	FL Zip Code 33014

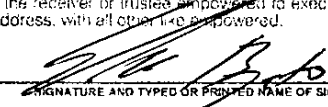
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and date of signature 11077 Registered Agent, signature required when recorded DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDUARDO J. BUJATO 2641 W 76 ST HALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all officers so empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)