

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116653

1. Entity Name

BEST KITCHEN CABINETS INSTALLATION, INC.



Principal Place of Business

10184 NW 126TH TERR.
HIALEAH GARDENS, FL 33018

Mailing Address

10184 NW 126TH TERR.
HIALEAH GARDENS, FL 33018



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1464030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, EMERIO
10184 NW 126TH TERR.
HIALEAH GARDENS, FL 33018

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IN THIS SPACE**

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

Emerio Lopez
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

04-19-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME LOPEZ, EMERIO
STREET ADDRESS 10184 NW 126TH TERR.
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE V
NAME LOPEZ, MERCEDES
STREET ADDRESS 10184 NW 126TH TERR.
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524963
05/04/06-80013-002 150.00

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IN THIS SPACE**

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 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 like empowered.

SIGNATURE:

Emerio Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-19-06

Daytime Phone #