2007 FOR PROFIT CORPORATIONS ANNUAL REPORT

ANNUAL REPORT Mar 07, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000116653 1. Entity Name BEST KITCHEN CABINETS INSTALLATION, INC. Principal Place of Business Mailing Address 10184 NW 126TH TERR. 10184 NW 126TH TERR. HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 No Chg-P CR2E034 (11/05) 03042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1464030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, EMERIO DO NOT WRITE 10184 NW 126TH TERR. HIALEAH GARDENS, FL 33018 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 egistered agent. (NOTE: Registered Agent signature required when reinstating) sed or printed name of registered U00000658706 03/15/07-80048-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LOPEZ, EMERIO STREET ADDRESS 10184 NW 126TH TERR. CITY-ST-ZIP HIALEAH GARDENS, FL 33018 TITLE LOPEZ, MERCEDES NAME STREET ADDRESS 10184 NW 126TH TERR. HIALEAH GARDENS, FL 33018 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 type empowered.

SIGNATURE: 24

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

03/04/07

(726) 251-0943

FILED