2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: K

FILED Aug 22, 2005 8:00 am Secretary of State

DOCUMENT # P04000124912 1. Entity Name EXCALIBUR KITCHEN CABINET, BATH AND COUNTER-TOP, INC.					08-22-2005 90062 042 ***150.00			
Principal Place of Business Mailing Address								
-735 HAREM AVE		-735 HAREM AVE-			5	0062709		
_ opalocka, f	L-33054	- OPALOCKA, FL 33054						
2. Principal Pl	SW 184 TH ST	3. Mailing Address SW	101174 8					
Suite, Apt.		Suite, Apt. #, etc.	10 4111 51	08112005	Cha B	CD2E024 (10/02)		
					Chg-P	CR2E034 (10/03)		
City & State MIAmi, R		City & State Miami. F		4. FEI Numb	56 5887	 	plied For t Applicable	
Zip 3 3/1			Country		of Status Desired	□ \$8.75 Add		
6. Name and Address of Current R		33/37 USA		<u> </u>	7. Name and Address of New Registered Agent			
•	or reality and respect of contents		Name	77 772770 2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
IGLESIAS, ALEJANDRO				Street Address (P.O. Box Number is Not Acceptable)				
OPALOGKA, FL 33054- Miami, G 33159						,		
	mont,	933. 1						
. · M/			City			FL Zip Code	8	
	named entity submits this statement for	the purpose of changing its req	gistered office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept	
the collgati	ions of registered algebra				0/	1/05		
SIGNATURE_	Signature, typed or printed the of edistered agent a	nd title if applicable. (NOTE Re	egistered Agent signature	required when reinstating)	8//	DATE		
					· · · · ·			
FII Di	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		vith s. 607.193(2)(b), not receive the prior r		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	I /CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	DPST	☐ Delete	TITLE			Change	Addition	
NAME	INDUITA C		NAME .					
STREET ADDRESS CITY-ST-ZIP	OPALOCKA, FL 33054 MIGM	1. h 32100	STREET ADDRESS CITY+S1-ZIP					
TITLE	0112000,12 0000 111000	Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CTTY-ST-ZIP					
TITLE		☐ Delete	TITLE		• •	☐ Change	☐ Addition	
NAME	·	□ Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				- Assistan	
TITLE I		☐ Defete	TITLE NAME			☐ Change	☐ Addition	
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		<u>.</u>			
TITLE		☐ Delete	TITLE			Change	■ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-SI-ZIP					
TITLE		☐ Deleta	TITLE	<u> </u>		☐ Change	Addition	
NAME			NAME Street address					
STREET ADDRESS CITY - ST - ZIP	r		CITY-ST-ZIP					
12. I hereby	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empor or on an attachment with an address, w	this filing does not qualify for th	e exemption stated	d in Section 119.07(3)(i), Florida Statutes.	further certify that the i	nformation	
indicated	on this report or supplemental report is	true and accurate and that my	signature shall have	re ine same legal effe tor 607. Florida Statut	or as il made under (uaun; mau i am an oitice!	or director	

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DIVISION OF CORPORATIONS ANNUAL REPORT OR REINSTATEMENT EXCALIBUR KITCHEN-GABINET, BATH AND COUNTER-TOP, INC. DOCUMENT P04000124912

August 15, 2005

To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00. Take notice of my new address: 10914 SW 184 Street Miami Florida 33157

I feel sorry for any inconvenience.

If you have any question does not hesitate to contact me at (305) 971-5537

F.,

Sincerely,

- Alejandαb∕lgl#sias PRESIDENT