

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90002 042 \*\*\*150.00

<b>DOCUMENT # P04000126507</b> 1. Entity Name <b>PADRINO KITCHEN CABINET AND GRANITE CORP</b>					
Principal Place of Business <b>3712 NW 50 STREET HIALEAH, FL 33142</b>			Mailing Address <b>3712 NW 50 STREET HIALEAH, FL 33142</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FZ Number <b>20-1588681</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LORENTE, MARIO 9755 SW 56 STREET MIAMI, FL 33165</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LORENTE, MARIO 9755 SW 56 STREET MIAMI, FL 33165</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>07/03/05</b> Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 50060059  
P84000126587

Padrino Kitchen Cabinet & Granite Corp  
3712 NW 50 Street  
Hialeah, FL 33142

July 5, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

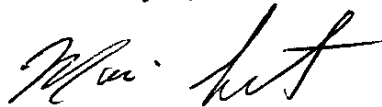
RE: PADRINO KITCHEN CABINET AND GRANITE CORP  
3712 NW 50 STREET  
HIALEAH, FL 33142  
EIN# 20-1588681

To Whom It May Concern:

We would like to inform that our company never received the annual report and we were not able to file on time I downloaded the annual report form from your web site and I included a check for \$150.00.

We are hereby requesting a waiver on the penalty for filing late.

Thank you,



Mario Lorente,  
President